

## National Report **Portugal**

# IPVOW

**INTIMATE  
PARTNER VIOLENCE  
AGAINST  
OLDER WOMEN**

Heloisa Perista, Alexandra Silva, Vanda Neves



Co-funded by the European Commission within the Daphne III programme by DG Justice, Freedom and Security. Coordinated by the German Police University (DHPol), Münster.



This project has been funded with support from the European Commission. This publication reflects the views only of the authors; the European Commission cannot be held responsible for either its content or for any use which might be made of the information contained therein.

Lisbon, December 2010

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# **Intimate Partner Violence against older Women**

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## **National Report from Portugal**

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# Acknowledgements

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The Project team would like to thank all the people and organisations that offered their time and significant contributions to the development of this report and to the success of this project in Portugal.

We would like to say a word of special thanks to the following people: Carina Quaresma (from the Directorate-General of Home Affairs), Alexandra Rodrigues (from the Directorate-General for Justice Policy) and Elisabete Matos (from the District Public Prosecutor's Office, Lisbon), members of the Project's National Expert Network for their efforts and unprecedented research on cases of intimate partner violence against women aged 60 and above, as well as to the public prosecutors who collected and provided this information; to all the other people and organisations who were part of the Project's Expert Network for their valuable contributions and comments; and to UMAR, AMCV, APAV and CIG for providing statistical data and other relevant information.

We would also like to thank all those who took the time to fill out the institutional survey and, more specifically, the interviewed professionals for providing insight into their fieldwork. This has truly been a sharing experience and an interface between research and intervention in the realm of domestic violence.

Lastly, our special thanks to the older women victims of intimate partner violence who opened "the books" of their lives to us, shared their experience of violence and allowed us to transmit their voices to the readers of this report. Without their participation, our work would obviously be incomplete.

# Table of contents

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<b>I</b>		
<b>Executive summary</b>		<b>6</b>
<b>II</b>		
<b>IPVoW – a European study on intimate partner violence against older women</b>		<b>9</b>
<b>2.1.</b>	<b>Starting points and conceptual background</b>	<b>9</b>
<b>2.2.</b>	<b>The transnational cooperation: Partners and countries involved</b>	<b>12</b>
<b>2.3 .</b>	<b>Multi-method approach to intimate partner violence against older women – an overview</b>	<b>13</b>
<b>III</b>		
<b>Intimate partner violence against older women in context: societal and cultural background factors</b>		<b>16</b>
<b>3.1.</b>	<b>Gender relations and age - and generation - specific aspects</b>	<b>16</b>
<b>3.2.</b>	<b>The social system in Portugal</b>	<b>18</b>
<b>3.3.</b>	<b>Cultural perceptions on ageing among women</b>	<b>19</b>
<b>3.4.</b>	<b>Cultural perceptions on violence against women within families</b>	<b>20</b>
<b>3.5.</b>	<b>A brief story of the responses to victims of intimate partner violence in general and to older women victims in particular</b>	<b>22</b>
<b>IV</b>		
<b>Overview on existing institutional data on IPVow</b>		<b>24</b>
<b>4.1.</b>	<b>Research aims</b>	<b>24</b>
<b>4.2.</b>	<b>Methods</b>	<b>24</b>
<b>4.3.</b>	<b>Findings</b>	<b>25</b>
4.3.1.	Research data	25
4.3.2.	Data from law enforcement institutions	27
4.3.3.	Data from the District Public Prosecutor’s Offices of Lisbon and Evora	31
4.3.4.	Data from victims’ support services	35
4.3.4.1.	Victims of violence public support services	35
4.3.4.2.	Victims of violence non-governmental support services	38
<b>4.3 .</b>	<b>Summary and discussion</b>	<b>40</b>

## **V**

<b>IPVoW: findings from the institutional survey</b>	<b>42</b>
<b>5.1. Research aims</b>	<b>42</b>
<b>5.2. Method</b>	<b>43</b>
5.2.1. Instrumentation	43
5.2.2. Sampling	45
5.2.3. Conducting the survey	46
5.2.4. Data analysis	47
<b>5.3. Sample characteristics</b>	<b>47</b>
5.3.1. Participating organisations	47
5.3.2. Respondents	49
<b>5.4 . Institutional and professional experience with older women victims of intimate partner violence</b>	<b>49</b>
5.4.1. Case knowledge	49
5.4.2. Characteristics of cases (2006-2008)	52
5.4.2.1. Forms of violence	52
5.4.2.2. Characteristics of victims	53
5.4.2.3. Characteristics of relationship	55
5.4.2.4. Characteristics of violence	55
5.4.3. Help seeking behaviour	57
5.4.4. Perceptions of intimate partner violence against older women	62
5.4.5. Intimate partner violence against older women: is there specific interest on the part of respondent organisations in addressing the issue?	67
5.4.4. Interest expressed in receiving further information on the study and in collaborating	73
5.4.5. Intimate partner violence: institutional and professional experience with older women victims of violence perpetrated by other perpetrators and older men as victims	73
<b>5.5. Summary and discussion</b>	<b>74</b>

## **VI**

<b>Interviews with older women victims of intimate partner violence</b>	<b>77</b>
<b>6.1. Research aims and ethical issues</b>	<b>77</b>
<b>6.2. Methodology</b>	<b>78</b>
6.2.1. Instrument	78
6.2.2. Sampling	79
6.2.3. Conducting the interviews	80
6.2.4 . Data analysis	81

<b>6.3.</b>	<b>Sample characteristics</b>	<b>81</b>
<b>6.4.</b>	<b>Older women victims of intimate partner violence</b>	<b>83</b>
6.4.1.	Life stories	84
6.4.2.	Living with violence	104
6.4.3.	Changes in violence in old age	123
6.4.4.	Help, needs and rights	132
<b>6.5.</b>	<b>Summary and discussion</b>	<b>146</b>

## **VII**

### **Staff interviews 149**

<b>7.1.</b>	<b>Research aims</b>	<b>149</b>
<b>7.2.</b>	<b>Method</b>	<b>149</b>
7.2.1.	Instrumentation	149
7.2.2.	Sampling	150
7.2.3.	Conducting the interviews	151
7.2.4.	Data analysis	151
<b>7.3.</b>	<b>Sample characteristics</b>	<b>152</b>
<b>7.4.</b>	<b>Staff views on intimate partner violence against older women</b>	<b>153</b>
7.4.1.	Characteristics of older women, of their perpetrators and their intimate relationships	154
7.4.2.	Specific needs of victims of intimate partner violence against older women	170
7.4.3.	Experiences of working with older women victims of intimate partner violence: Cooperation and articulation between organisations	174
7.4.4.	The range and type of support and services available to older women victims of intimate partner violence	182
7.4.5.	Problems and challenges faced	191
7.4.6.	Recommendations	199
<b>7.5.</b>	<b>Summary and discussion</b>	<b>199</b>

## **VIII**

### **National expert network 204**

<b>8.1.</b>	<b>The organisations and the people</b>	<b>204</b>
<b>8.2.</b>	<b>Methodological questions and modus operandi</b>	<b>204</b>
<b>8.3.</b>	<b>Recommendations</b>	<b>205</b>
<b>8.3.1.</b>	<b>Collection of information</b>	<b>206</b>
8.3.1.1.	Generic information	206
8.3.1.2.	Research	206
<b>8.3.2.</b>	<b>Provision and development of services</b>	<b>206</b>
8.3.2.1.	Of a transversal scope	206
8.3.2.2.	Health services	207



8.3.2.3.	Victims of violence support services	207
8.3.2.4.	Social services	208
8.3.2.5.	Older people support services	208
8.3.2.6.	Police forces and other law enforcement agencies	208
<b>8.3.3.</b>	<b>Politics and society</b>	<b>209</b>

## **IX**

<b>Summary and discussion</b>	<b>210</b>
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<b>References</b>	<b>220</b>
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<b>Appendix</b>	<b>227</b>
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# I

## Executive summary

*"Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms"<sup>1</sup>.*

This research carried out in this Project focused on making the voices of older women victims of intimate partner violence (IPV) heard and strengthened. This is an in depth study based on life histories of the victims and on institutional case knowledge.

Nevertheless, some key figures emerged from our research:

- 2006 to 2009: 803 women victims of intimate partner violence aged 60 or older contacted the organisations responding to the institutional survey.
- 220 women victims of intimate partner violence aged 60 or older were assisted by the professionals interviewed within this Project.
- In 2008, in Lisbon and Evora alone, 330 public prosecutor investigations were initiated involving women aged 60 and above who were victims of intimate partner violence.

Although these numbers are significant<sup>2</sup>, interviewed professionals said they were far short of reflecting the reality and could only be regarded as the 'tip of the iceberg'.

Some key facts!

- The older women victims of intimate partner violence who seek help are mostly women in the 60-74 age range.
- Psychological violence and abuse are the types of violence most committed by husbands/partners against older women. However, physical violence is also frequently committed against women in old age.
- Violent acts perpetrated against these women are somewhat frequent; most of these women have a long history of intimate partner violence.

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<sup>1</sup> Beijing Platform for Action, 1995.

<sup>2</sup> There may be some duplicate cases in the data provided by the District Prosecutor's Offices of Lisbon and Evora, the results of the institutional survey and the information derived from interviews with professionals. The same woman may have filed more than one complaint and contacted more than one organisation.

- Violence begins early; most interviewed women said the first episode of intimate partner violence took place within a year of their partner relationship.
- Interviewed women experience physical, psychological, financial and sexual violence. Also prevalent are partner relationships characterized by adultery on the part of the male spouse, often continuing into old age.
- Whereas at first the violence remains behind closed doors, in old age it also occurs in the public space.
- Violent relationships are often characterized by frequent ruptures and subsequent reconciliations, but in old age, when partners separate, the separations are peremptory and final – “there’s no turning back”.
- Ruptures occurred immediately after violent acts were committed. But now they've had enough!
- Family support has an important bearing here. When women are young they seek refuge at the homes of their parents, but when old they seek refuge with descendants.
- These are women who, once they took the decision to make a change in their lives, were highly proactive in deciding to move out of an abusive relationship. In most cases, the abused women themselves contact some type of support organisation. When given guidance, they seek all available services to find a solution.
- The services organisations most provide to older women are psycho-social support/counseling, legal advice and information on other organisations.
- Older women experiencing intimate partner violence often go to social security services, where they end up telling their stories.
- However, these and other services (police, health services, courts, etc.) are not always equipped with the knowledge and tools needed to recognize the situation and respond appropriately.
- In the past, neighbours and close relatives played an important role in protecting these women and giving them advice when the violence and stress they experienced were at their severest. Now this role is maintained, but mostly in the sense of transmitting advice and information.
- These women's greatest needs are housing, finances and health related.
- At 60, 70 and 80, these women are past the age of developing new life plans and simply want to live peacefully and happily; they want to look in the mirror and see the women they are (and always have been) in their uniqueness and plenitude.

It is important to note that the cases covered by our research mostly involve women who have contacted support organisations. A research into the realities of women who are more reserved and keep their experiences of violence to

themselves would be needed to provide a more accurate picture of what remains a severe problem in our society: intimate partner violence against older women.

Lastly, some key considerations!

- Older women experiencing IPV are, first and foremost, women. Their age is not the primary reason for the violence they experience; it is rather the fact that they are women.
- Intimate partner violence is, above all, a gender issue that affects women most particularly.
- As a gender issue, time plays an important role in the attitudes and behaviour of older women. They were brought up in a political-societal period where women and men did not have the same value accordingly to the legal and social framework; and did not share the same rights – women were part of men’s property. Therefore, a generational dimension of the problem has been equated in Portugal.
- However, older women, like their younger counterparts, do not accept violence; rather, they coexist with it in a ‘state of immobility’. Their experiences are the result of an asymmetrical gender socialisation and of contexts and living conditions in a given time and place.
- Violence is not the product of one or other particular factor (such as alcohol consumption). When violence is perceived in this sense, it is often assumed that the (external) cause is determinate and thus a cure is sought.
- Older women are often subjectively reluctant to leave their homes for fear of losing their rights.
- It has been and still remains difficult for many older women to obtain information and support because of their lack of knowledge of legal rights and low qualification levels.
- Social responses to support victims of violence in Portugal are a relatively new development. This in itself may in the past have inhibited women from breaking up violent partner relationships.
- The ‘cross they are meant to bear’ is a legacy that keeps many women in abusive intimate relationships; it is thus a legacy needing to be fought against and demolished.

## II

# IPVoW – a European study on intimate partner violence against older women

### 2.1.

#### Starting points and conceptual background

Up to now only little is known about older women as victims of intimate partner violence in Europe. The issue often gets lost between the topics intimate partner violence, domestic violence and elder abuse – both in research and in service provision. Domestic violence services and research on the one hand generally do not have a special focus on older women and age-related issues, and elder (abuse) services and research with their focus on vulnerability and care issues on the other hand usually are not sensitive to gender-specific dimensions of violence in partnerships. An age specific approach and a gender specific approach to family violence seem to exclude each other for the most part. The Intimate Partner Violence against older Women study (IPVoW) – a European research project conducted by 7 partners in 6 countries - started its research activities with the aim to bridge this gap and come to a comprehensive age- and gender-sensitive view on the issue. This report explains the goals and methods of IPVoW, presents and discusses the findings of this multi-method study and gives directions for future research and support for older women victims of intimate partner violence. In this report the situation in Portugal is highlighted. An international report (in English) summarizes the results for all countries. Like the reports from all other countries it is available on the Website [www.ipvow.org](http://www.ipvow.org).

Having a first glance at older women victims of intimate partner violence a blurred picture of a rarely reported phenomenon appears. For most of the European countries national victimization and crime surveys provide no information on prevalence rates for this specific target group and phenomenon. The few victimization surveys which are relevant for this question clearly show that IPV is a problem for older women far less often than for younger women (see e.g. Schröttle, 2008, for the US see Zink, Fisher, Regan & Pabst, 2005, Zink, Jacobson, Regan, Fisher & Pabst 2006, Bonomi, Anderson, Reid, Carrell,

Fishman, Rivara & Thompson, 2007). Prevalence studies on the abuse of older men and women by family and household members come to similar results (Mouton et al. 2004, G6rger, Herbst & Rabold, 2010). Accordingly service providers for domestic violence issues report very small numbers of older victims using their services. On the other hand professionals report about severe cases of IPV against older women and stress that intimate partner violence probably does not stop at age 60, but that barriers for help seeking and reporting are for older victims especially high and thus the majority of cases remain undetected.

Research projects<sup>3</sup> addressing specifically the issue of IPV against older women and reports related to service provision for older victims<sup>4</sup> have been published mainly in the USA, Canada and Australia, important contributions come also from Israel (Winterstein & Eisikovits, 2005, 2009). For countries of the European Union first steps to describing the phenomenon and identifying service and research gaps were also achieved within the Daphne program. The Daphne research project "Recognition, prevention and treatment of abuse of older women"<sup>5</sup> gave first insights, although sampling methods and size and the standardized approach limited in-depth insights. This project as well as the Daphne project "Violence against older women" stated a striking absence of data on the issue and a lack of services (Ockleford et al, 2003)<sup>6</sup>. The Daphne projects "Breaking the taboo"<sup>7</sup> and "Care for Carers"<sup>8</sup> focus on violence against older women in caregiving relationships and thus stress the relevance of caregiving for the development of violence. Beyond that a few studies have been conducted, mostly small scale studies based on a small number of interviews with victims (Pritchard, 2004) or/and on expert knowledge (Scott, McKie, Morton, Seddon & Wasoff, 2004).

On the basis of the existing research body the project team developed a design for a European research project on IPV against older women intending to fill in existing knowledge gaps on the issue and to provide useful information for

<sup>3</sup> See for example Aronson, Thornewell & Williams, 1995, Bergeron, 2001, Brandl, 2002, Chrichton, Bond, Harvey & Ristock, 1999, Dunlop, Beaulier, Seff, Newman, Malik & Fuster, Fisher & Regan, 2006, 2005, Gravel, Beaulieu & Lithwick, 1997, Grundfeld, Larsson, Mac Kay & Hotch, 1996, Hightower, 2006, Lundy & Grossman, 2004, Lupri 1993, Mears, 2003, Montminy, 2005, Morgan Disney Associates, 2000a, 2000b, Mouton, 1999, Mouton et al. 2004, Rennison & Rand 2003, Teaster, Roberto & Dugar, 2006, Wolf & Pillemer, 1997, Zink, Regan, Jacobson & pabst, 2003

<sup>4</sup> Important contributions to research on service provision come from Rosalie S. Wolf (1998, 1999), Linda Vinton (1992, 1999, 2003, Vinton, Altholz & Lobell-Boesch, 1997), Carol Seaver (1996) and Brandl (Brandl, Hebert, Rozwadowski & Spangler, 2003). For more publications see Brownell, 2006, Chan, 2004, Grossman & Lundy, 2003, Maxwell & O'Rourke, 1999, Paranjape, Tucker, McKenzie-Mack, Thompson & Kaslow, 2007, Paranjape, Rodriguez, Gaughan & Kaslow, 2009, Smith & Hightower, 2004, Straka & Montminy, 2006, Teitelman, 2006

<sup>5</sup> See [http://ec.europa.eu/justice\\_home/daphnetoolkit/html/projects/dpt\\_2000\\_125\\_w\\_en.html](http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2000_125_w_en.html)

<sup>6</sup> See [http://ec.europa.eu/justice\\_home/daphnetoolkit/html/projects/dpt\\_2001\\_215\\_w\\_en.html](http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2001_215_w_en.html)

<sup>7</sup> See <http://www.roteskreuz.at/pflege-betreuung/weitere-projekte/>

<sup>8</sup> See [http://ec.europa.eu/justice\\_home/daphnetoolkit/html/projects/dpt\\_2005\\_2\\_068\\_w\\_de.html](http://ec.europa.eu/justice_home/daphnetoolkit/html/projects/dpt_2005_2_068_w_de.html)

service providers and policy makers. The two year project (2009 – 2010) was financially supported by the Daphne III program of the European Commission. The project involved partners from Austria, Germany, Great Britain, Hungary, Poland, and Portugal and was coordinated by the Department of Criminology and Crime Prevention at German Police University, Muenster.

The project had a number of specific objectives. First, project partners intended to gather, compile and analyze existing national data on the issue from different sources in order to get for the partner countries an overview on the number of women older victims of IPV who somehow have access to service systems or come into contact with law enforcement agencies. An additional objective was to find out to what extent national data sources provide information on older victims of IPV (police statistics, statistics from services) in order to give recommendations concerning future data collection also at a European level.

The study was secondly aimed at closing significant gaps in existing knowledge on IPV against older women in Europe by carrying out original empirical research (a survey of institutions, interviews with professionals and interviews with victims). This research aimed at finding out how many women older victims of IPV use services for domestic violence victims (women's shelters/refuges, hotlines, counselling services) and other services, analyzing characteristics of older women victims and their perpetrators, relationship characteristics and dynamics, risk and protective factors, causes of abuse, characteristics of violent acts (dynamics, situational factors), its contexts, and exploring help seeking behaviour of older victims and barriers for help seeking. Additionally problems of currently provided services, inadequate service provision and inadequate outreach for the target group, and good intervention approaches were supposed to be identified.

The third objective was to develop recommendations for future action on a national and European level. These recommendations should be developed on the basis of the research results and discussions in expert networks. The idea was to identify current responses to IPV against older women on a national level, detect gaps in legislation and support systems and find out about needs for future action on the topic in the partner countries by discussing these issues with national experts. On an international level these recommendations were discussed within the frame of an international expert workshop in Berlin in November 2010.

There are several important principles guiding the project and its fieldwork. The project was intended to give victims a voice, which means to give them the

possibility to describe their own perspective on the issue and not just rely on experts' knowledge. A crucial aspect was also to be very sensitive on ethical issues as regards the interviews with victims. Finally project partners intended to use the survey and interviews with staff in the tradition of action research methods also as instruments for raising awareness, that older women might be a relevant target group for the institutions and to strengthen interest in the issue.

## 2.2. The transnational cooperation: Partners and countries involved

IPVoW was carried out by 7 research institutions from Austria, Hungary, the UK, Poland, Germany and Portugal – 3 universities, 3 research institutes and one academy of sciences. Given the fact that the kind of welfare regime is strongly connected to the way gender hierarchies are organized in the countries, participants were included from liberal welfare regimes (United Kingdom), corporate welfare regimes (Austria, Germany), Eastern European welfare regimes (Hungary, Poland), and Southern European welfare regimes (Portugal). As regards transition states with Poland and Hungary countries were selected with a different impact of religion on the way gender relations are organized within families. The UK was also selected because it is the only European country where some services address the special needs of older victims of intimate partner violence (Scott et al., 2004). Austria was selected because of its exemplary domestic violence legislation and intervention system. Important criteria for the selection of partners also were previous cooperation experience, the expertise of partners in the field and the willingness of partners to bridge the gap between domestic violence and elder abuse research.

The following organisations and individuals were taking part in the study:

- Germany - German Police University (DHPol), Muenster: Thomas Goergen and Birgit Winkelsett (coordination)
- Austria – IKF (Institute of Conflict Research), Vienna: Birgitt Haller and Helga Amesberger
- Germany - Zoom - Society for Prospective Developments e.V., Goettingen: Barbara Naegele, Urte Boehm and Nils Pagels
- Hungary - Academy of Science, Budapest: Olga Toth and Katalin Robert
- Poland - University of Bialystok: Jerzy Halicki, Malgorzata Halicka, Emilia Kramkowska and Cesary Zuk



- Portugal – CESIS – Centre for Studies for Social Intervention, Lisbon: Heloisa Perista, Alexandra Silva and Vanda Neves
- UK - University of Sheffield: Bridget Penhale and Jenny Porritt

Associate partners were Zvi Eisikovits and Tova Band Winterstein from University of Haifa (Institute for the Study of Society); they acted in a consultative and advisory capacity to the project.

### **2.3. Multi-method approach to intimate partner violence against older women – an overview**

The decision about the methodological approach was led by the research interest on the one and known research limitations as regards this specific topic on the other hand. Prevalence data on the issue would have been highly interesting for the research team, but no empirical approach was feasible and reasonable which would lead to sound data. Given the fact that only rather small numbers of older women victims of IPV were identified in victimization surveys up to now, any attempt to measure the extent would inevitably lead to the need of very large sample sizes and might still not result in considerable case numbers for in-depth analysis. An additionally identified problem was that victimization surveys aiming at prevalence data are of very limited value as regards victimization in the “fourth age”, because the most vulnerable older women (e.g. women with dementia) are also the least accessible for research. Having these limitations in mind the research team decided to put a special focus on help seeking and service usage by older victims of intimate partner violence and on qualitative data on cases of IPV against older women. Experiences with a small regionally focussed German study on sexual violence against older people (Görgen, Newig, Nägele & Herbst, 2005, Görgen, Nägele, Herbst & Newig, 2006, Görgen & Nägele, 2006) confirmed that research on rarely reported events affecting people who are difficult to access needs to combine different methods and perspectives, integrating third hand case knowledge from professionals. The research design of IPVoW was developed on the basis of this research project and takes up some of its components.

Research aims were on the one hand to get insights in cases of intimate partner violence against older women in general, on the other hand to gather information about institutional knowledge of cases and their ways of dealing with the phenomenon. Following these aims, IPVoW chose a multi-method and multi-perspective approach combining the use of existing data and own empirical work

and bringing together the view of professionals and first hand experience - the views of older women affected by IPV. Methods used for this study include reviews of existing institutional data, a standardized postal survey, interviews and focus groups. All partners accomplished the same research program, sample sizes varied across countries according to the size of the country and the service system.

The project design included the following components:

**(1) Review of existing institutional data on intimate partner violence against older women:** As a first step, partners gathered and compiled on a national level existing research and data from umbrella organisations of different victim's services institutions and other sources (like police statistics). Partners analyzed available data in order to get an overview of the number of registered women older victims of intimate partner violence, the number of victims who somehow have access to service systems or who come into contact with law enforcement agencies and to find out to what extent national data resources provide information on older women.

**(2) Institutional survey:** Partners conducted a postal survey of institutions serving the needs of victims of intimate partner violence and of other institutions who might have contact to older victims. Questionnaires were sent out to a wide range of services with possible case knowledge, including for example women's shelters/refuges, hotlines, counselling services and law enforcement agencies. The survey served as an instrument to explore how many women older victims of IPV make use of services and as a basis for a first explorative analysis of the phenomenon. It was also used as a screening device for institutions and staff with case knowledge. In Portugal, 242 questionnaires were distributed.

**(3) Staff interviews:** Face-to-face interviews were conducted with professionals who had case knowledge and appeared to be of interest for the study. The sample of interviewees was mostly drawn from the institutions involved in the institutional survey, usually adding some other institutions the research team had been in contact with. In Portugal, 30 interviews with professionals were conducted.

**(4) Victim interviews:** Partners used different ways to access older women victims of intimate partner violence as interview partners. Mostly access was made possible via professionals from organisations involved in the questionnaire study, the interviews, or national expert networks (see 5). In some cases

partners searched for possible interview partners via newspaper articles. In Portugal seven interviews were conducted.

**(5) National expert networks:** In all countries, partners set up or collaborated with already existing national expert networks with representatives from national organisations (e.g. from the field of violence against women, from senior's organisations, law enforcement agencies, legislation, and policy makers). These networks on the one hand supported data collection and the empirical work, on the other hand helped to identify current responses and gaps in legislation and support on the national level. They were used as a forum for discussing needs for national action and contributed significantly to the recommendations contained in this report.

Additionally, at an international workshop in November 2010, other European experts added expertise as regards current and future action on this issue in their countries and contributed to developing recommendations for prospective national and EU-activities.

## III

# Intimate partner violence against older women in context: societal and cultural background factors

It is undeniable that intimate partner violence is most frequently perpetrated by men against women. Relationships between men and women are set in a social system characterized by gender inequalities and asymmetries, namely in terms of power relations, with a structural and structuring dimension.

Today's women who are above the age of 60 lived in social contexts particularly determined by gender. They are, however, a relatively heterogeneous group comprising different generations with their particularities and specific experiences.

### 3.1. Gender relations and age - and generation - specific aspects

The social experiences of women born in the 1930s, '40s and '50s were largely marked by the "Estado Novo" ("New State") regime in Portugal.

This authoritarian regime dictated that motherhood and family life were women's primary roles because women bore "differences resulting from their nature and expected devotion to family welfare" (Art. 5 of the Constitution of 1933). Family was part of women's nature. This was a first distinction made between the expected social behaviour of men and women: whereas women are 'natures', men are 'culture'.

Women's 'nature' predisposed them to be confined to private life, domestic work and care, whereas men's 'culture' predisposed them to dominate the public space and to have power over 'nature'. Therefore, the instrumental role of breadwinning belonged to men, and to women was left the reproductive role of the family (childbearing).

Gender roles were therefore being (de)limited directly by the State in its pursuit of a social model based upon the "God, country and family" premise.

The Code of Civil Procedure of 1939 granted husbands the right to require their wives to be judicially delivered or 'deposited'. This meant that if a wife left her home, her husband could demand in court that she be compulsively 'deposited' at his home, as if she were a parcel. Women were also forbidden to engage in trade, travel abroad, sign agreements and manage property without their husbands' consent.

In 1961, a new Code of Civil Procedure superseded that of 1939. However it maintained the husband's right to require that his wife be 'judicially delivered and deposited'. This right under the Code of Civil Procedure was only abolished in 1967 with the enactment of a new Code. Male authority continued to prevail notwithstanding, with the husband remaining the 'head of the household' with power to decide on matters of family life. Women were left the responsibility for housekeeping, even when they had jobs. Men retained their authority over the management of their family's property and women remained under the obligation to live in their husbands' homes and not to leave the country, engage in trade or make any banking financial transactions without their husbands' consent.

The State and the Law legitimized a distinct social status for women and men. Portuguese society at the time was conservative, highly influenced by the Catholic Church, predominantly rural. Low qualification levels, poverty and illiteracy or low literacy prevailed. The negotiation capabilities were, for men, based on the imposition, and, for women, based on their obligation to fulfil their duties.

At the end of the 1960s, in parallel with early signs of change (though thin) in the political regime during the so-called "Marcelist Spring", new social dynamics emerged in Portuguese society. Women progressively entered the labour market, as paid workers and became less confined to agricultural activities, as the result of a massive exodus of male workers out of Portugal due to major emigration waves and colonial wars.

The Carnation Revolution of April 25, 1974 brought about a transition paradigm raising new cultural and social values. The succeeding democratization of Portuguese society and the Constitution of 1976 established citizens' equality irrespective of gender. It was only in 1977, however, with the amendment of the Civil Code, that women truly acquired the status of equality to men.

But cultures and mentalities not always keep pace with legislative and political reform. Unequal relations, still marked by the gender roles of the past, were perpetuated over time.

Even today, despite the progress and gains towards the equality of women and men, there is a persisting, albeit mitigated, notion in certain circles that although women are increasingly present in the public sphere and labour market, they are still expected to play the main role of nurturer, childbearer and housekeeper, while men are the breadwinners, with a major responsibility for public affairs, and a dominant role in the context of intimate relationships.

### **3.2. The social system in Portugal**

Up to the late '60s, the problems faced by older people were unaddressed by government policy, and family members were responsible for supporting their antecedents. The new Constitution of 1976 (art. 63), however, established the right to social security and, for the first time, the government's obligation to lay down older people policy: "The State shall adopt a policy that ensures the economic security of older people and provides them with such conditions of living and family and community interaction as to avoid and overcome their social isolation or marginalization and provide them the opportunity to create and develop ways to achieve personal fulfilment through active participation in community life<sup>9</sup>".

A Social Security System was thus created that encompassed a pension system for the social protection of older people. Pensions were granted under: a general scheme based on each individual's contribution time; a non-contributory/ equivalent-period scheme for individuals who had not made any contribution to the social security system (the so-called Social Pension) and a special scheme for agricultural activities.

Women outnumbered men by far in the social pension scheme, which means they had shorter contribution periods or none at all. This placed older women in a situation of greater vulnerability to poverty.

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<sup>9</sup> Article 63 of the Constitution of 1976.

However, the need for government intervention through older people social policy had been socially and politically recognized, and this was later reflected in the implementation of formal support services for older people.

Beginning in the 1980s, social solutions begin to be developed as alternatives to complete institutionalization (in nursing homes), which up to then was virtually the only solution available.

The existing gaps having been recognized, the 1990s were a turning point in terms of facilities and services for older people, reflecting the changes in government policy in favour of having older people remain with their families and in their homes.

Defined broadly, two types of formal support for older people became available: full-time institutional assistance, represented by nursing homes and, more recently, by foster families; and part-time institutional support, such as Day Centres and Home Support Services.

Home Support is the most recent and currently the fastest-expanding social service. Growth in social programs and services, especially Day Centres and Home Support, was observable on a national scale from 1991 to 1996. The expansion of available services for older people occurred largely through private, non-profit institutions financially supported by the State.

### **3.3. Cultural perceptions on ageing among women**

If gender is a product of social construction, so is ageing. Women age within the social role ascribed to them, in the domestic sphere. While cultural perceptions of ageing among women are created in public spheres, they are greatly magnified in private spheres. It is in this context that we develop our considerations on of gender-related aspects associated with those of ageing.

Today's older women spend most of their time at home. Their families are at the core of their perceptions of self. Older women find it hard to imagine themselves out of a household context; there is a collective family identity which, to older women, holds considerable weight in the construction of their own identities and in the definition of their lives' paths.

Older women continue to play an important role in nurturing their families: in many cases, they are the ones who care for dependent relatives, including children and adults.

They are women whose life trajectories are very much marked by their major roles in nurturing their families, non-existent or intermittent professional careers, absence or sparse periods of social security contribution, among other factors.

Based on these factors, social beliefs on the dependency of older women towards others raise: these women are less autonomous, have less decision-making power and are more fragile.

But it isn't so much their age that affects their quality of life; rather, it is their social and economic status that may or may not deprive them of independence, power and control of their own lives. In Portugal, the social and economic status of many older women is very precarious.

Fundamentally women age in a context of gender inequalities that perpetuates over the life course or even become more acute in old age.

### **3.4. Cultural perceptions on violence against women within families**

*"Violence against women is a manifestation of the historically unequal power relations between women and men"<sup>10</sup>.*

The subject of violence against women remained for long hidden and socially invisible because it was a phenomenon that was kept private. Violence was perpetrated in a family context and in the domestic sphere, and no one (not even the State) could interfere. Male dominance over women first takes the stage in the domestic sphere; it is in the family that gender roles are first established and learned.

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<sup>10</sup> Council conclusions on the Eradication of Violence Against Women in the European Union, 3000th Employment and social policy Council meeting, Brussels, 8 March 2010.



The popular Portuguese saying '*Entre marido e mulher, ninguém meta a colher*', or 'Between husband and wife, no one should meddle' reflects this collective tolerance for abusive behaviour in intimate relationships.

In Portugal, it was only in the 1980s that domestic violence was identified as a social problem. The enactment of a law specifically addressing the victims of domestic violence in the 1990s sought not only to comply with a set of international recommendations on this issue, but also to respond to a serious social problem and the increasing awareness of its effects on victims, their families and society in general.

But if domestic violence is now regarded as a public crime (since 2000), it is because of the greater social visibility this issue has gained over time and the growing intolerance to these situations, which began to be perceived as a condition of 'non-citizenship' and a violation of human rights. Now, according to one of our interviews, "the State is on the victim's side".

*"The Public Prosecutor's Office, which represents the State, is 'on the victim's side'. Although it must remain fair and impartial, its role is to indict the perpetrators, which is objectively in the interest of victims."*  
[Int. 24, Public Prosecutor].

However, if on the one hand the theme of domestic violence has gained greater social and political visibility, a number of factors persist which perpetuate the trivialization of violence in household settings. As progressist as national legislation may be, a large part of society still sees domestic violence as an individual problem that should be confined to private venues.

The popular Portuguese saying 'if they are beaten it's because they deserve it' – though its echoes may be fading in the collective consciousness – is still used in some cases to justify the violence women experience. There is still a need to deconstruct the 'naturalisation' associated with violence within the private sphere.

### 3.5. A brief story of the responses to victims of intimate partner violence in general and to older women victims in particular

The first response to domestic violence in Portugal emerged in the sphere of legislation. In 1982 a specific provision on domestic violence was introduced in the Penal Code, legally defining and criminalizing violent domestic behaviour.

Other specific legal provisions were created in Portugal to prevent, to protect the victims of domestic violence and punish offenders. In 1991, Law 61/91 ("providing adequate protection to women victims of violence") was enacted. But 1999 was an especially decisive year in Portugal, in which a number of services and other forms of support for the victims of domestic violence were created: Law 107/99 created a 'network of refuges for women victims of violence'; and Law 129/99 'approved a scheme for advance payment by the State of damages payable to the victims of partner violence'.

In 2000, the Penal Code and the Code of Penal Procedure were amended under Law 7/2000 of 27 May, to strengthen measures to protect the victims of violence. The amendment of article 152 of the Penal Code was fundamental, as it made domestic violence a public crime. But this is still the subject of controversy.

*"The problem with article 152 of the Penal Code is the part about mistreatment... what is mistreatment? The next article (on mistreatment) of the Penal Code is a separate crime and is intended for the protection of minors. Magistrates receive no specific training on domestic violence; they are not assigned domestic violence cases exclusively. They have only their own experience to go by and they have to invest in their own studies if they are to gain in-depth knowledge on these subjects. Magistrates are not assigned domestic violence cases only; domestic violence cases are distributed among several magistrates who, in addition to these, have other cases to examine [Int. 24, Public Prosecutor]."*

These legislative developments led to the approval of strategic instruments addressing domestic violence. In 1999, the 1<sup>st</sup> National Plan against Domestic Violence (2000-2003) was approved, followed by the 2<sup>nd</sup> (2003-2006), the 3<sup>rd</sup> (2007-2010) and, recently approved, the 4<sup>th</sup> (2011-2013). These Plans were established as instruments to guide the development of government policy for the prevention of, and intervention in, domestic violence situations.

However domestic violence toward the older people is only marginally addressed in the Plan. There is only one provision specifically oriented to older people in general (and not older women specifically): 'Promote awareness raising campaigns on violence towards children, older people , dependent adults and people with a disability, in the domestic sphere.' In addition, organisations providing support to older people are not identified as potential partners in implementing this measure.

In 2009, a legal framework was established for the prevention of domestic violence and protection and assistance of its victims, superseding previous laws. This new law establishes a victim statute and regards older people as 'especially vulnerable victims' (Article 2). It also provides that the perpetrator's arrest need not be in *flagrante delicto*. Article 53 provides that 'in situations in which the victims are older people or dependent adults, with no family support, the ISS, I.P. or another appropriate organisation shall provide that they will be admitted on a priority basis within the social services network, including by referral to the national support network for victims of domestic violence'.

Responses in the form of protection and support for the victims of domestic violence emerged in the very recent past. It was only in 1995 that the first refuge was created; and in 1999 the national refuges network was launched, as referred to above. Years later, in 2006, the government created District Centres for the Attendance of Victims of Domestic Violence.

There are currently 39 refuges and 11 District Centres for the Attendance of Victims of Domestic Violence in Portugal. There are also a significant number of offices providing support to victims of violence (there are 54 listed in the Domestic Violence Resource Guide of the Commission for Citizenship and Gender Equality – CIG).

## IV

# Overview on existing institutional data on IPVoW

In Portugal, in 2007, one in each three women had been a victim of violence (in the last or in the previous years); 12.8% of these had been victims of domestic violence in the last year, perpetrated by family members. Psychological (53.9%), physical (22.6%) and sexual (19.1%) were the most prevalent types of violence. Older women (aged 50 and over) appear as particularly vulnerable to sexual violence<sup>11</sup>.

### 4.1. Research aims

The main objective is to bring together all possible information on the intimate partner violence against older women phenomenon, previous to our own empirical work. Our main interest is on data on intimate partner violence against older women. The primary focus is on national data. However, regional or local data could be of interest basically as a supplement.

### 4.2. Methods

We looked for data emerging from research outputs, from law enforcement institutions, from victims services, from health services and from other sources.

Intimate partner violence against older women is rarely a topic of concern in Portugal. This is evidenced by the available data collected and analysed in this study. There is a specific area where no data was found - the health sector services. And in other areas - research, law enforcement and victim services - a rather partial portion of the overall picture was found. Problems persist, namely, in gathering relevant data disaggregated by sex and age group.

It should still be emphasized as a general remark on the reviewing of existing data in Portugal that the collection of data was mainly done through internet

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<sup>11</sup> Lisboa, M. *et al* (2009).

search and direct personal contacts. Also, the research was done on the 1st semestre of 2009. No data in English on this topic were found.

## 4.3. Findings

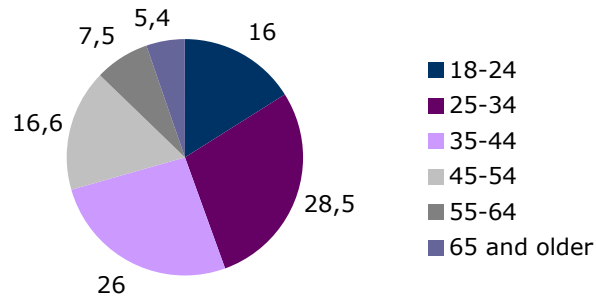
### 4.3.1. Research data

In Portugal, there is considerable research on the topic of IPV in psychology and social psychology (a significant part of this research has been developed in masters or PhD thesis). The main focus of this research is though on active-age women and on young people. More recently, a few research projects are being developed on elderly abuse and mistreat.

In a study which aimed to identify the social context of women victims of domestic violence older women may be analysed as a group (Lisboa, Barroso and Marteleira, 2005); and IPV against older women emerged as one of the research outputs in one survey on violence against women and men (Lisboa *et al*, 2009), as well as in another study on violence against older people at a local level (Pires, 2009).

Lisboa, Barroso and Marteleira (2005) developed a research on the social context of women victims of domestic violence who were examined by the Legal Medicine Institutes of Coimbra and Porto; these were women who intended to pursue a law process against their offender. Unfortunately most of the research outputs are not age disaggregated. It is though possible to observe that 13% of those women were aged 55 years and over. For those older women physical violence is the most prevalent type of violence (in 91% of the cases).

**Graph 1 - Women victims of domestic violence examined by the Legal Medicine Institutes of Coimbra and Porto, by age groups, 2005 (%)**



Source: Lisboa, M., Barroso, Z. and Marteleira, J. (2005)

The study *Violência e género – Inquérito Nacional sobre a violência exercida contra mulheres e homens* (Violence and Gender - National Survey on Violence against Women and Men) developed by Lisboa *et al* (2009), was a research funded by the *Comissão para a Cidadania e Igualdade de Género* (Commission for Citizenship and Gender Equality) and conducted in 2007. The sample was composed of 1000 women and 1000 men, older than 18, from all Portuguese continental regions. Although the study focuses mainly on the data collected in 2007, a comparison for the period 1995-2007 is done in a specific chapter. The research focuses particularly on sexual violence<sup>12</sup>. Interestingly it was found that 17% of women who were victims of sexual violence are 65 years or over.

Due to that key finding, an age comparison analysis was conducted between women victims of sexual violence aged less than 50 and more than 50. Some remarkable results emerged: 36.6% victims of sexual violence are older women (50 and over) and are/were victims of sexual violence (namely sexual harassment or forced sexual intercourse) and of other type of violence simultaneously. And, for 34% of these older women the perpetrator was their partner (compared with 4.5% for women aged below 50 years old). The violent act(s) occurred in the previous year for the majority of them (92%) or in the last years (6%).

Sónia Pires (2009) was the researcher responsible for the conduction of a local study on violence against older people. This study was commissioned by the Municipality of Amadora (a large city in the surroundings of Lisbon). The aims

<sup>12</sup> The study approaches sexual violence on the basis of four dimensions: exclusivity, severity, sexual harassment, and forced intercourse.

were to qualify the types of violence practised over older people, to quantify the victims and to identify the main perpetrators. A questionnaire was applied to a sample of 118 old men and women covered by care services (residential care or home care services) and 188 older people not covered by care services; the majority of them were women (66.1%), aged between 64 and 75 for those not using care services and 75 years and over for those using care services. One of the key findings was that 7% of the older people using care services and 8% of the others (mostly women in either case) were victims of physical violence, mainly committed by their partners.

Other relevant research results are provided by a project recently conducted by Baptista *et al.*, commissioned by Comissão para a Cidadania e Igualdade de Género (Commission for Citizenship and Gender Equality). This project aimed at evaluating the effectiveness of women's refuges in Portugal. The outcome indicators were built from a strengths-based perspective that appreciated and highlighted the strategies and resistances women have when they come to refuge. Safety, information and empowerment were the three major areas of outcomes identified. The project was held between May and October 2009. During those five months, a total of 102 women who left the refuges filled out a questionnaire; only 5 of these were aged 56 years and over (corresponding to 5% of the total). The most positive outcome of these older women stay in the refuge was staying safe, understanding the impact that domestic violence had on them, understanding the causes of domestic violence and healing emotionally from their experiences<sup>13</sup>. And they all experienced change as a result of the help and support they have received while in the refuge - they feel safer, more protected from their partner, more confident about making decisions, have more information that will help them, have more ways to keep themselves safer and are better able to deal/handle/cope with the impact of domestic abuse on them<sup>14</sup>. Three of these women stayed in the refuge for less than six months but two stayed for quite a long time (one year and two months and three years and two months<sup>15</sup>). Two of them found the refuge through their social worker and three through the police<sup>16</sup>.

#### 4.3.2. Data from law enforcement institutions

The Direcção Geral de Administração Interna (General Directorate of Home Affairs) is the entity responsible for analysing the base de dados sobre violência

<sup>13</sup> These were items that all of them answered as getting all the help they needed.

<sup>14</sup> These were items that all answered a lot have changed.

<sup>15</sup> The majority of women (61%) stayed in the refuge for less than 6 months; 28% stayed until a year; 9% for 2 years.

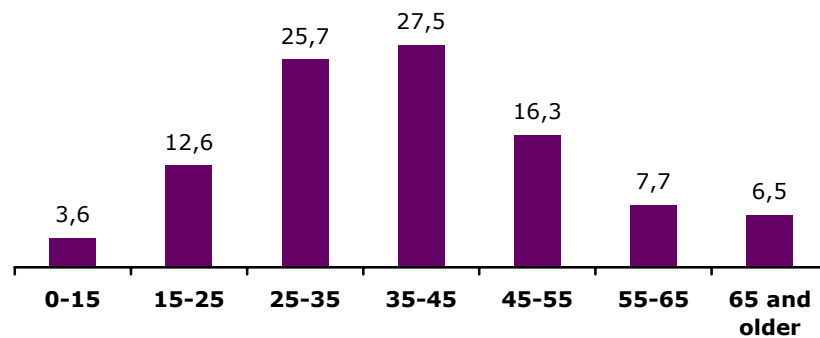
<sup>16</sup> The social worker and the police were the institutions selected by a large proportion of all women as being those that indicated the refuges (44% and 28%).

doméstica - BDVD (domestic violence data base), which is a database that compiles all data registered by the two national security forces (the Polícia de Segurança Pública (Public Security Police) and the Guarda Nacional Republicana (Republican National Guard). According to that database, two to three persons per 1000 inhabitants presented a complaint for domestic violence to the security forces in 2008<sup>17</sup>: a total of 27.743 in 2008, a figure that increased 26.6% (annual variation rate) in just one year<sup>18</sup>.

Data provided by the Domestic Violence Data Base show the main characteristics of the claimant, of the victim and of the offender, gathering information collected by the two national security forces. But it is not possible to know exactly how many older women are victims of intimate partner violence, since the available information is not crossed tabulated with the victim's sex or age.

The person who made the complaint was usually the victim (87.9%). 85.3% of the victims were women, with an average age of 39 years and not economically dependent on the offender (in 74% of the cases). 14.2% of the victims were 55 years and over. Unfortunately, these data are not cross-tabulated with the victim's sex.

**Graph 2 - Victim's of domestic violence by age group, 2008 (%)**



Source: DGAI (2009)

The victim's relation with the offenders is predominantly an intimate one – present and past conjugality (namely 66.4% and 15% in 2008). An interesting aspect to be mentioned is that from 2007 to 2008 there is a significant difference in the percentage of victims who lived in a present conjugal relation (the relative number decreased) and those with a past conjugal relation

<sup>17</sup> In Continental Portugal the incidence rate is 2.5‰; in the Azores and Madeira regions the incidence rates are higher (5.2‰ and 3.8‰). Source: DGAI (2009).

<sup>18</sup> Again, in Azores and Madeira regions the annual variation rate is higher – 47.1% and 40.2%, respectively.



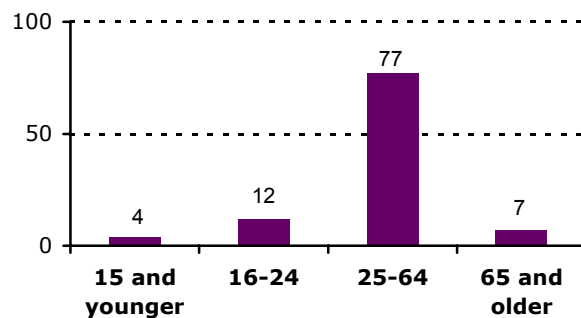
(increased). But, again, this is not crossed-tabulated with the victim’s sex or age.

56% of the complaints referred to incidents that happen in the same day. 47% of the cases were recurrent. Minors were present in 46% of the cases. The security forces entered into the residency of the victim and the offender in 28% of the cases. The death of ten women victims was registered in 2008.

Data are released by the same source on the incidence rate of reported domestic violence among older women population. This incidence rate is particularly high in four Azores judicial districts (“comarcas”) (Nordeste, Ribeira Grande, Hosta e Povoação), one in Madeira (São Vicente) and six in the Continent (São João da Madeira, Fafe, Vila do Conde, Aveiro, Oliveira de Frades e Ansião)<sup>19</sup>.

Some figures are made available by two national security forces. Polícia de Segurança Pública (Public Security Police – PSP)<sup>20</sup> has some data published on its website referring to 2007. According to these data, 13.050 incidents of domestic violence<sup>21</sup> were registered. 83% of the victims were women and 89% of the offenders were men. 70% of the offenders were the victim’s partner, 10% the victim’s ex-partner, 8% the victim’s son/daughter and 6% the victim’s parents. In 2007, there were 921 persons aged 65 and over as victims of domestic violence, corresponding to 7% of all victims of domestic violence crimes registered by PSP.

**Graph 3 - Victims of domestic violence by age group, registered by the PSP, 2007 (%)**



Source: *Estatísticas da PSP (PSP Statistics), 2007*

<sup>19</sup> In the judicial district Nordeste (São Miguel – Azores), the incidence rate among older women is 28%0 (in 2008, 28 police participations per 1000 inhabitants were made by women aged 65 and over). Source: DGAI (2009).

<sup>20</sup> PSP is a police force mainly present in urban areas, while GNR has a strong presence in rural areas.

<sup>21</sup> Source: <http://www.psp.pt/Pages/programasespeciais/violenciadomestica.aspx>

On the other hand, a documentary produced by a Portuguese Radio (TSF) on violence against older people placed on line some figures collected by the NMUNE<sup>22</sup> teams of Guarda Nacional Republicana (National Republic Guard - GNR). These NMUNE units registered, in 2007, that 88% of older (aged 65 and over) victims of crimes were women - 58.3% aged between 65 and 74 years and 41.7% aged 75 years old and over. The offenders were mainly men (84%), the majority of them (60.5%) aged between 61 years and over. 58.3% of the offenders were the victim's partner and 17.4% the victim's son. 40.3% of these crimes were domestic violence crimes (58 incidents), followed by 31.3% of crimes of abuse. In a total of 58 domestic violence crimes, 32 (57%) occurred in the northern part of the country (Bragança, Vila Real, Penafiel, Viana do Castelo and Matosinhos)<sup>23</sup>.

Nevertheless, provisional data of the 1st semester 2007 provided by the Ministério da Administração Interna (Ministry of Home Affairs) clearly shows that, among those who report violence or abuse to the security forces, the victims are predominantly women even among older people.

**Graph 4 - Victims of domestic violence by sex among age groups (%), 1<sup>st</sup> semester 2007**



Source: Ministério da Administração Interna (Ministry of Home Affairs), provisional data for the 1st semester 2007

The Ministério da Justiça (Ministry of Justice) has also published on the website of the Direcção Geral de Política da Justiça (Directorate-General for Justice Policy) some data related to on-going or closed law processes; 2004 is the latest year for which there some information on the victims is available. Overall, 97% of the victims with closed law processes on domestic violence are women. Interestingly, there is some data regarding older people, corresponding to 3%

<sup>22</sup> NMUNE is a specialized unit on domestic violence of GNR. This security force has adopted a specific policy regarding crimes of domestic violence, developing specific training to their agents and specialised units in all their squads.

<sup>23</sup> Source: <http://tsf.sapo.pt/storage/ng1069784.pdf>

(although the figures are not either disaggregated by sex or by offender’s relationship with the victim).

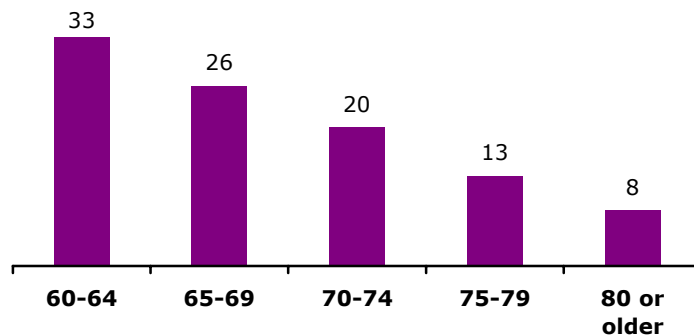
**4.3.3. Data from the District Public Prosecutor’s Offices of Lisbon and Evora**

Data collected by the District Prosecutor’s Offices of Lisbon and Evora as part of this project (yet to be released) shows that from January to December 2008, 330 investigations were classified as relating to domestic violence against women aged 60 or above who were in a marital or equivalent relationship with the perpetrator.

It is important to note, however, that the number of cases may be somewhat inflated because police records cannot be amended and some records may relate to cases previously participated (leading to processes incorporation).

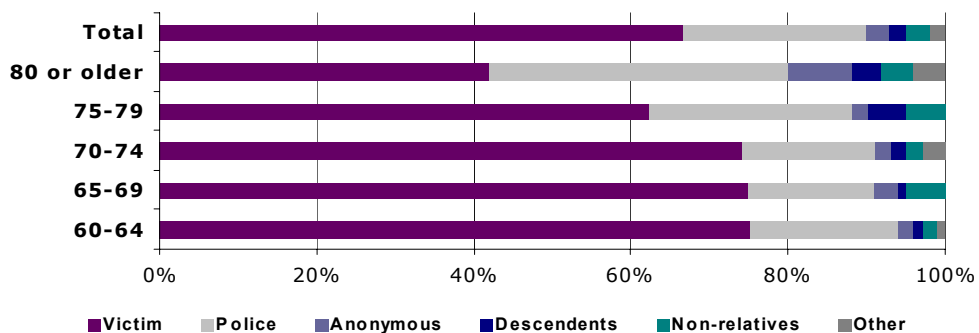
59% of these women were in the age group of 60 to 69 and 41% were 70 or older.

**Graph 5 - IPV victims in investigations initiated in 2008, by age group (%)**



About 3 out of 4 older women reported their abuse themselves to the courts or the police. However the older the victims are, the more their abuse is reported by individuals other than themselves; among women aged 80 or above, a significant portion (38%) of cases were reported by the police.

**Graph 6 - Information sources in investigations initiated in 2008 by victim age group (%)**



It is important to provide certain clarifications before our subsequent analysis of the data. The data presented refer to cases existing as of January 31, 2010 which were initiated throughout 2008. These are related to investigations still pending or finished (meaning, non-pending). When a case is classified as finished, it is either because it has been closed, the perpetrator has been placed under probation (which in itself is a form of criminal penalty) or indicted, or the case has been incorporated into another.

Of the 330 investigations initiated, only 35 remained pending, meaning they were still in the investigation phase. These cases were slow to be processed; at best, they had been over a year under investigation.

39 cases resulted in indictment, in which 31 perpetrators were indicted for domestic violence, 3 for offense against physical integrity and 5 for other offenses.

*"It is initially difficult to determine whether a case qualifies as a domestic violence crime or only a threat. Not all offenses between spouses, whether verbal or physical, automatically qualify as domestic violence crimes; they may be classified as threats or offenses against physical integrity, which are minor, semi-public offenses that require a complaint from the victim in order to be processed, and the victims may withdraw their complaints at any time." [Int.24, Public Prosecutor].*

However this is only the end of the evidence gathering stage; the case must then go to trial.

*"Indictment is not the end of the process; it is only the end of the evidence gathering phase. The case is then brought to trial, and though we may have collected all the evidence we needed in the inquiry, after a few months of court proceedings people are often no longer willing to talk [Int.24 Public Prosecutor].*

21 investigations resulted in probation. Measures applied to perpetrators placed on probation included alcoholic rehabilitation programs, psychiatric treatment, psychological evaluation, donations to organisations and education/awareness raising on domestic violence. Only one perpetrator was forbidden from remaining in or entering the family's home or having contact with the victim.

Probation should perhaps be statistically regarded as a criminal penalty and a successful outcome of the inquiry, and not part of the inquiry process itself. In

other words, when enough evidence has been gathered on the offence to qualify it as domestic violence (and not any other offense), the District Prosecutor's decision to apply probation (rather than indictment) can be seen as an adequate method of solving the situation.

28 cases were incorporated into prior cases. Incorporation during the investigation phase is an interesting point because it means there is an original investigation (perhaps dating years back from 2008) to which new facts are being added. The same woman is suffering abuse by the same perpetrator, and with each new episode, rather than amending the original complaint, a new complaint is created. This requires all new cases to be 'incorporated' into the original case.

Public Prosecutor Elisabete Matos says "incorporation solves the problem of having independent complaints as a result of not being able to amend the original complaint in cases where the same victim reports subsequent abuse by the same perpetrator. Incorporation is mandatory and should be understood as a valid way of solving a (new) case, which is incorporated/appende/joined to a pre-existing, older case."

Of the investigations initiated, 206 were dismissed. When cases are dismissed due to withdrawal of the complaint, waiver of the right to complain or because the victim has not applied to join as a civil party, it means the offense reported, or for which sufficient evidence has been provided, does not qualify as domestic violence under Article 152 of the Penal Code, but rather as an offense against physical integrity, threat or slander.

Public Prosecutor Elisabete Matos explains that "when a case of domestic violence, which is a public crime, is dismissed due to "withdrawal of the complaint, waiver of the right to complain or on the grounds of the Public Prosecutor not having jurisdiction," it is apparently because there is sufficient evidence that the perpetrator's behaviour lacks the intensity or constancy required to qualify it as *infliction of mistreatment*; or because the relationship in which the abuse occurred does not qualify as a partner or family relationship, but rather as a casual encounter or a relationship of friendship, so that the offense cannot be classified as a domestic violence crime (the legal definition of which is an offense against a person's health and wellbeing that has escalated to an offense against that person's human dignity in a domestic or household setting, requiring protection) but rather as an offense against physical integrity, threat or slander, which are of a semi-public (the former two) and private (the latter) nature."

Nearly half of dismissed cases are cases in which the offense is classified as domestic violence, but for which there is insufficient evidence.

It is important to note that when the witnesses and victims are relatives, the witnesses may refuse to reply, thereby limiting the evidence available.

*"In domestic violence cases, when the witnesses and victims are relatives, they may decline to reply. We, the public prosecutors and the police, attempt to determine the cause of their reluctance to reply, whether it is fear of the perpetrator or whether they called the police in the heat of the moment but now feel the episode was something sporadic. Although domestic violence is a public crime and withdrawing a complaint has no bearing on the proceedings, the truth is that the victim's refusal to provide information results in the case being dismissed not because the complaint has been withdrawn, but for lack of evidence of the crime." [Int. 24, Public Prosecutor].*

So far we have discussed the results of investigations, which are the portion of legal proceedings belonging to the Public Prosecutor's Office. Following investigation there are two possibilities: the proceedings either end here in the investigation stage or proceed to the next stages (discovery and trial).

Discovery is an optional stage (conducted only upon request) of proceedings conducted before the judge. Discovery may be conducted after indictment (at the defendant's request) or after the case has been dismissed (at the victim's request). It is a way of reacting to the decision of the Public Prosecutor's Office (a party not accepting the decision can react by requesting discovery proceedings).

Discovery proceedings were initiated in four cases, one ending in a non-indictment decision.

Following discovery, the case may or may not proceed to trial. A trial occurs when the judge issues an indictment decision; when a non-indictment decision is made, the case does not proceed to trial. A discovery hearing may be held as part of the discovery stage, after which the judge renders an indictment or non-indictment decision.

If an indictment decision is made by the Public Prosecutor, and no request for discovery is made by the defendant, the indictment is then received by the

judge, who sets a date for the trial. If the inquiry is dismissed and the victim requests discovery proceedings followed by an indictment decision by the judge, the case also proceeds to trial. The trial is a specific stage, naturally conducted by the judge.

As of January 31, 2010, 22 cases had reached the trial stage and decisions had been rendered in 9 (6 convictions and 3 acquittals).

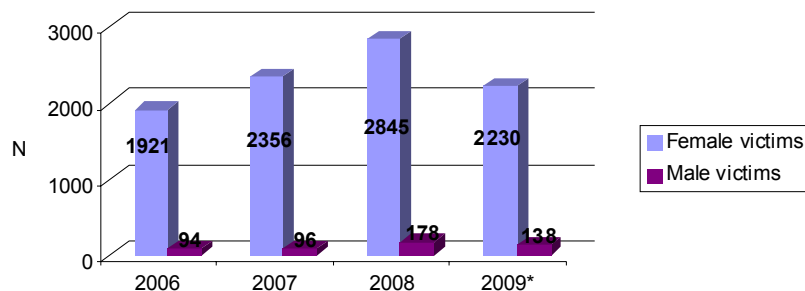
#### 4.3.4. Data from victims' support services

##### 4.3.4.1. Victims of violence public support services

The *Comissão para a Cidadania e a Igualdade de Género* (Commission for Citizenship and Gender Equality)<sup>24</sup> has an information service for victims of domestic violence that consists of a helpline (called *the green line*) and a counselling service for victims of violence; these services are operating in Lisbon and Porto.

Looking at the information gathered by the information service for victims of domestic violence, two findings are evident – on the last four years, the victims are mainly women (95%) and the number of people contacting the helpline is increasing over the years (not so evident in the last period for which information is available).

**Graph 7 - Victims attended by the information service for victims of domestic violence, by sex, 2006-2009 (N)**



\* Data from January until November 2009

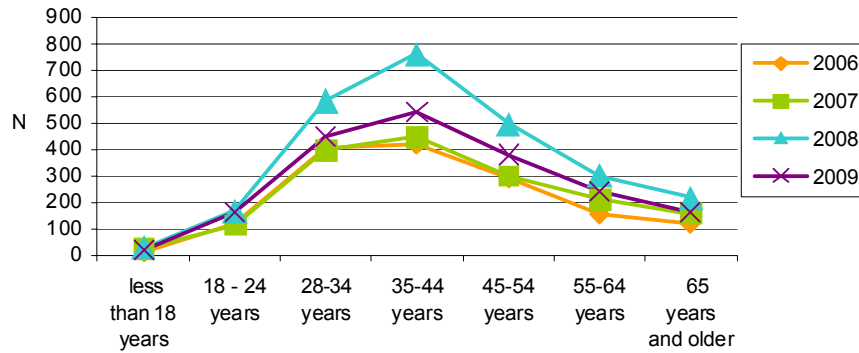
Source: *Comissão para a Cidadania e a Igualdade de Género* (Commission for Citizenship and Gender Equality) (own calculations)

It is also interesting to note that although the most significant age groups of the victims are aged between 28 and 54 years, it is precisely in these age groups that, over the years, a decrease in the number of victims contacting the service

<sup>24</sup> *Comissão para a Cidadania e a Igualdade de Género* (Commission for Citizenship and Gender Equality) is one of the national governmental bodies responsible for developing and implementing gender equality policies.

is observed, contrary to the younger and to the older victims - the number of these tends to be stable over the years<sup>25</sup>.

**Graph 8 - Victims attended by the information service for victims of domestic violence by age group, 2006-2009 (N)**

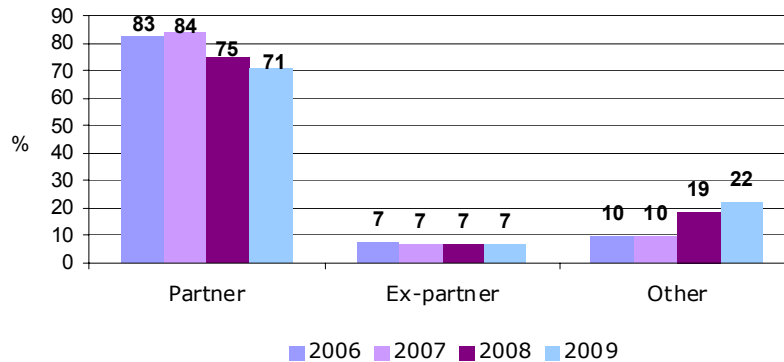


\* Data from January until November 2009

Source: Comissão para a Cidadania e a Igualdade de Género (Commission for Citizenship and Gender Equality) (own calculations)

Focusing our analysis on the type of relationship between the victims and the offenders, it is quite obvious that we are in the presence of intimate partner violence (an average of 78% of all cases).

**Graph 9 - Victims attended by the information service for victims of domestic violence by type of relationship with the offender, 2006-2009 (%)**



\* Data from January until November 2009

Source: Comissão para a Cidadania e a Igualdade de Género (Commission for Citizenship and Gender Equality) (own calculations)

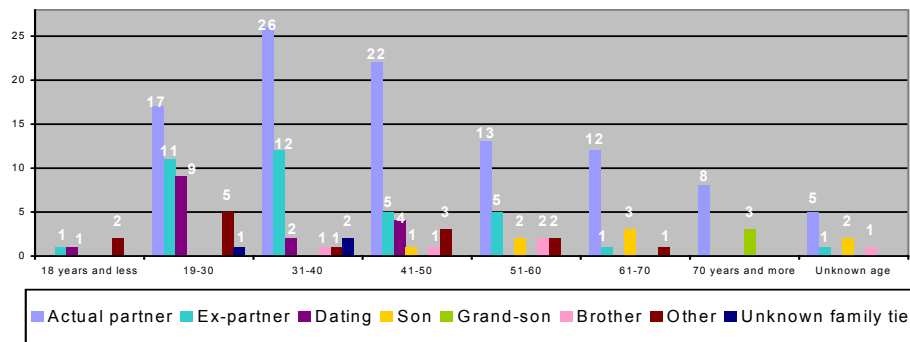
The above information is clearly relevant since this concerns one of the most contacted domestic violence counselling services in Portugal, but it is not disaggregated by sex and age group. Nevertheless, the *Comissão para a Cidadania e a Igualdade de Género* was able to provide us some figures

<sup>25</sup> See graph 8 in annex.



regarding our target group (this is not published neither publicly disclosed; data were obtained through a specific request). Intimate partner violence against older women is growing as a phenomenon reported to the *Comissão para a Cidadania e a Igualdade de Género*. In a two years period (2006-2008) the number of women victims of IPV who contacted the information service for victims of domestic violence more than doubled.

**Graph 10 - Women victims of IPV aged 55 years and above attended by the information service for victims of domestic violence, from 2006 to 2009 (May)(N)**

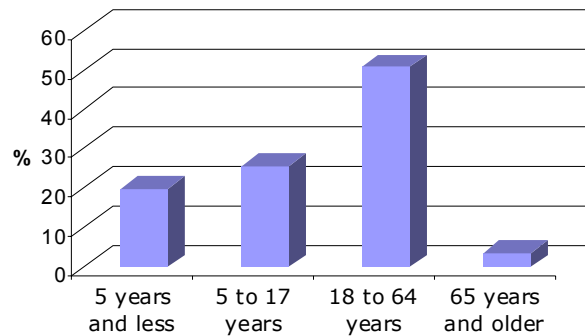


Source: *Comissão para a Cidadania e a Igualdade de Género (Commission for Citizenship and Gender Equality)*

Within the same reference period, the service was in personal contact with 27 older women victims of intimate partner violence; this correspond to 13% of the total of victims that were in personal contact with the service.

Some data were also gathered and published by the Social Emergency helpline. These data refer to 2002 (the latest year available) and show that the contact with this the helpline was more frequent by active age people (51% were aged between 18 and 64 years) and by younger people (46%); only 4% of the contacts were made by older people.

**Graph 11 - Processes on domestic violence attended by the Social Emergency helpline, by age groups, 2002 (%)**



Source: [http://www.violencia.online.pt/scripts/cv.dll?sec=site&pass=estat\\_segsocial](http://www.violencia.online.pt/scripts/cv.dll?sec=site&pass=estat_segsocial)

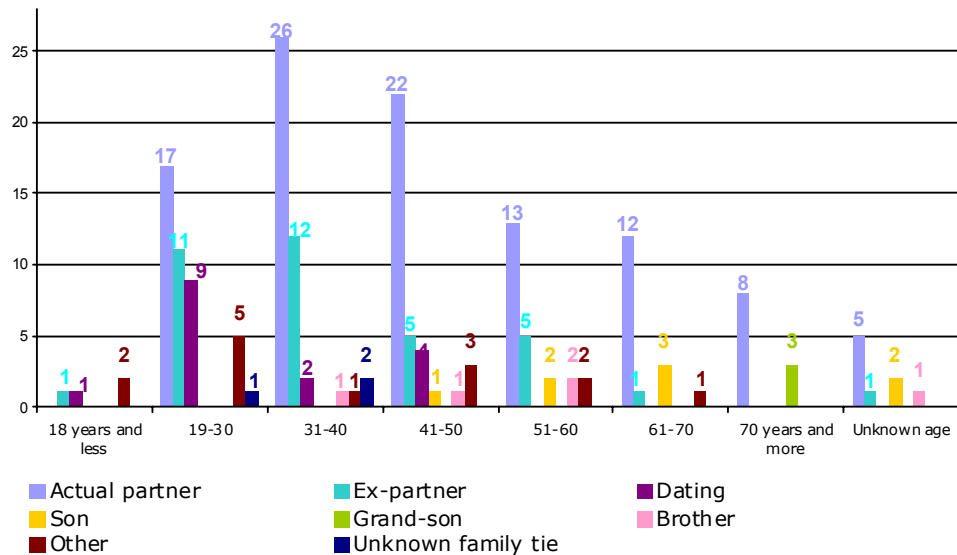
**4.3.4.2. Victims of violence non-governmental support services**

In Portugal there are several organisations dealing with domestic violence, namely organisations running refuges for women victims of domestic violence, but only few produce information on a regular basis and/or disseminate these data. UMAR and APAV are the two main organisations doing so.

UMAR – *União de Mulheres Alternativa Resposta* (Women’s Union Alternative Response) is a women’s organisation with a particular focus on violence against women; it runs three refuges for women survivor of domestic violence (in Lisbon, Setúbal and Azores), two counselling services (Almada and Porto) and three helplines (Lisbon, Porto and Azores). This organisation has developed an observatory on murdered women by relatives (victims of domestic violence) based on the media news. According to this observatory<sup>26</sup>, between 2004 and (May 11) 2009, 188 women were murdered by their family members; the majority of these (80.5%) were situations of intimate partner violence – 55% (103) were killed by the actual partner, 17% (32) by the ex-partner and 8.5% (16) by the boyfriend. Still according to this source, 27 women aged 60 years and over, in the same period, were murdered by their partners or ex-partners. Even in this age group IPV is the most prevalent event of violence.

<sup>26</sup> Accordingly to online data regarding the list of murdered women victims of IPV in 2009. <http://www.umarfeminismos.org/observatorioviol/listagem2009.asp>

**Graph 12 - Women murdered by their family members or other people, victims of domestic violence, from 2004 till May 2009 (N)**



Source: Information gathered by the observatory on murdered women - OMA, UMAR (own calculations). Available on <http://www.umarfeminismos.org/observatorioviol/observatorio.html>

This observatory collects data since 2004 through newspapers articles. This is analysed yearly, and published on their webpage - the available data can be seen in a list type (containing the victim’s name, the offender’s name and his/her relation with the victim, the data of the incident, the used weapon, the data of the victim death and some observations) or in a report format (2004/2005, 2005/2006, 2007, 2008 and 2009).

APAV – Associação Portuguesa de Apoio à Vítima (Portuguese Association for Victim Support) is a social solidarity private institution aiming to promote and contribute to inform, protect and support citizens who have been victims of penal offences; it runs 15 counselling services all over the country, two refuges for women and children victims of domestic violence and a national helpline. In 2009 APAV gave support to 6.682 victims of domestic violence, the majority of them women (88%); 32.6% of the victims were aged between 26 and 45 years and 7.9% had 65 years and over.

**Table 1 - Victims of domestic violence by age groups attended by APAV, 2009**

Age group	N	%
0-10	268	3.1
11-17	283	4.2
18-25	4300	6.4
26-35	1005	15

<b>36-45</b>	1179	17.6
<b>46-55</b>	795	11.9
<b>56-64</b>	397	5.9
<b>65 and over</b>	528	7.9
<b>NS</b>	1797	26.9

Source: *Estatísticas APAV 2009 (APAV Statistics 2009)*

APAV statistics have a lot of information concerning the victims and the offender characterisation as well as the victimization acts but are not disaggregated either by sex or age. Nevertheless, APAV has recently published data concerning the older (since 2000): in 2008 643 older women and 147 older men resorted to their services. From 2000 until 2008 the numbers of older people attended by APAV have been deeply increasing. Again, their statistics on older victims are not disaggregated by sex.

### **4.3. Summary and discussion**

This sketch of conclusions deals specifically with three questions: What picture can we get on IPV against older women based on the available data? From which organisations can we draw the picture upon? What are the main gaps?

Older women (55 years and over) are victims of IPV in Portugal, particularly of physical and sexual violence, as much as younger women (less than 25 years). Although they are not the most prevalent group, they do have a quite high incidence rate (mainly in the Azores Region).

Older victims of violence or abuse crimes are predominantly women (79.4%) as well as in other age groups. They contact victims support services as much as younger women. But they do not go to refuges as much as younger women. And they do not contact the Social Emergency Helpline as much as other age groups do.

Extreme violence does occur among older couples. Older women were more often murdered by their actual partner than by other family member.

The main sources contributing for building-up data on domestic violence (not necessarily on IPV against older women) are governmental bodies (Ministry of Home Affairs and Commission for Citizenship and Gender Equality). Those who work directly with the victims, although having interesting data, present their

information in such an aggregated way that makes it difficult to know about IPV against older women. Unfortunately research in Portugal does not contribute significantly to fulfil these gaps.

Regarding the main gaps, the first and overall conclusion is that data on intimate partner violence against older women is not systematically collected and no detailed information is available.

It is therefore difficult to build up a picture on intimate partner violence against older women based on the existing data. Most data are treated in an aggregated way (i.e. not disaggregated by sex or/and age. Moreover it is difficult to establish a relationship between victims and perpetrators.

The transnational exchange of knowledge on IPV against older women is clearly a hard task in Portugal since there is no data available in English.

## V

# IPVoW: findings from the institutional survey

## 5.1. Research aims

Institutional knowledge about cases of intimate partner violence against older women was a crucial component of research in the frame of the present study. Professionals working with older victims can provide information on phenomena of IPV in old age as well as on help-seeking behaviour of older women, services offered, service usage, and case outcome. Since the study did not aim at representative data on prevalence and incidence but had its focus on older female victims' needs, help-seeking and service usage, institutions and professionals within these institutions were a primary source of information.

Following (and at the same time modifying) a strategy used by GÖRGEN, NEWIG, NÄGELE & HERBST (2005; see also GÖRGEN, HERBST, NÄGELE, NEWIG, KEMMELMEIER, KOTLENGA, MILD, PIGORS & RABOLD, 2005; GÖRGEN, NÄGELE, HERBST & NEWIG, 2006; GÖRGEN & NÄGELE, 2006) in a study on sexual victimization in older age, a questionnaire was developed. The instrument was directed at a broad range of institutions and professions with possible knowledge of cases of IPV against women in later life.

The survey approach in the participating countries can be characterized as follows:

- A fully standardized questionnaire was sent to a broad range of institutions and professions with possible case knowledge.
- This survey touched upon numbers and characteristics of cases of IPV against older women as well as on services offered to the victims. It then turned to perceptions of the problem of intimate partner violence against older women. Questions in this part could also be answered by respondents without case knowledge. It also includes data on the organisation providing the information and the person completing the survey.
- At the same time, the survey served as a screening device for the interview study with professionals described in chapter VII Staff Interviews. At the end of the questionnaire, respondents were asked whether they would be willing

to take part in an interview on IPV in old age (and to provide their contact details in case they were interested). Since contacts to victims of IPV were largely made via these interviews with professionals, the institutional survey had a second, more indirect screening function.

- In each country, the survey was done at a national level with regard to institutions that were regarded as possible key informants, especially women's shelters and institutions working in the field of violence against women. However, the range of institutions, organisations, and professions that may be in touch with older female victims of IPV is much broader. It includes medical and nursing professions, multiple counselling services and psychosocial institutions, clergy, legal professions and institutions of law enforcement. In order to take this breadth into account, additional local or regional surveys were conducted in each country.
- Finally, a long and an abridged version of the questionnaire were used. The idea behind the creation of the short version was that professionals and institutions with no or very little case knowledge might regard the long version as not relevant to them though they would be able to provide valuable information especially regarding perceptions of the problem.

## 5.2. Method

### 5.2.1. Instrumentation

An English version of the long form of the questionnaire was developed and agreed upon by the partners (see appendix 1). It was translated into the national languages (i.e. German, Hungarian, Polish, and Portuguese) and these national versions were retranslated into English to ensure equivalence of the national versions.

The resulting instrument (titled "Intimate partner violence against older women" and characterized as "expert survey" on the front page) is basically divided into four parts and ends with an open section for comments and a request for further support and cooperation in the frame of the interview module of IPVoW.

The first part is titled "Institutional / professional experience with older female victims of intimate partner violence". It asks for institutional and professional contact with cases of older women (i.e. aged 60 and above) affected by violence committed by current or former intimate partners. The core reference period is the 3-year term 2006 to 2008. In order to minimize telescoping and to be able to include recent cases, two opening questions also refer to the time period between January 1<sup>st</sup> 2009 and the survey date. With regard to the years 2006 to

2008, the survey instrument asks for information about numbers of cases, forms and characteristics of IPV, victim and perpetrator characteristics. Other questions in this section refer to the type of relationship in which violence occurred, the circumstances and pathways of obtaining case knowledge and getting into contact with victims, and the services provided. Two further questions referred to older male victims of IPV and to victimizations of older women by other perpetrators to whom there was an established relationship (like children, children-in-law, or friends). This section of the questionnaire collects core data on institutionally handled cases of IPV against older women. Due to the nature of the survey, data had to be collected across cases (e.g. how many cohabiting partners as perpetrators in cases handled in years 2006 – 2008; how many victims suffering from dementia) and not casewise. This limits the possibilities of data analysis. Casewise data could be collected in the interviews conducted with professionals and victims.

The second part of the survey is called "Perceptions of the problem of intimate partner violence against older women". It presents a number of statements on the topic of intimate partner violence against older women (e.g. "Younger female victims of intimate partner violence more often permanently separate from their abusers than older women do") and on professional activities with older female victims of intimate partner violence (e.g. "Older women experiencing intimate partner violence need more proactive forms of assistance than younger women.") and requests respondents to judge these statements. Further, respondents are asked for their estimates regarding percentages of younger and older female victims of IPV pressing criminal charges, seeking medical help, psycho-social assistance, help by the clergy, or other kinds of assistance. Whereas the probing questions in section 1 were relevant only for organisations with case knowledge, everybody could respond to the statements presented in section 2 and to the requests for estimates about help-seeking behaviour.

The third part of the survey ("Your organisation") asks for the type of organisation and some structural data, the topics the organisation typically deals with and then turns more specifically to the relevance of intimate partner violence against older women on the organisation's agenda and specific services offered and recommended in this field. A very short section on "Personal data" (gender, age, professional background, position, experience) follows. As already mentioned, the questionnaire concludes with offering respondents different options for further involvement in the study, especially via participation in the interview study.



The abridged version of the questionnaire basically follows the structure of the long version (see appendix 2). It reduces the number of questions on cases of IPV handled by the institution and omits in the second section the statements on professional activities with older female victims of intimate partner violence. In the last part of the short version, respondents are also offered the opportunity to receive (and fill in) the full version.

All in all, this survey and the instruments conceived to conduct it, aim at collecting systematic data on institutional knowledge and institutional handling of cases of IPV against older women. Regarding the institutions involved, the survey follows a broad approach and goes well beyond law enforcement's perspective on the one hand (the usual source of information on institutionally registered incidents of violence), and those of shelters and domestic violence institutions on the other.

### **5.2.2. Sampling**

The sample of organisations to be included in the questionnaire survey was selected primarily on the basis of how much contact they potentially had with situations of intimate partner violence against older women.

For the national sample, the decision was made to select umbrella organisations providing comprehensive services throughout Portugal, as well as organisations providing services specifically to victims of domestic violence and/or to older people.

For the local sample, two areas (corresponding to two municipalities) with different characteristics were identified: a sparsely-populated and underdeveloped rural area in the southern inland Portugal (Moura / Alentejo); and a densely populated urban zone on the outskirts of Lisbon, one of the richest regions of the country (Cascais / Greater Lisbon).

These different types of areas were selected to identify differences in the way intimate partner violence against women is responded to in rural versus urban regions, sparsely versus densely populated regions and resources available versus resources not available areas.

Two different questionnaires were sent - a long and a short one. The long questionnaire was sent to institutions dealing specifically with domestic violence and/or ageing issues and the short version to institutions which, though engaged in other fields of work, may also have experience and information to provide on intimate partner violence against older women.

Based on these criteria, 117 long questionnaires – 104 to the national sample of institutions and 13 to the local sample (Cascais: 9; Moura: 4) – and 125 short questionnaires (national: 27; Cascais: 70; Moura: 28) were sent.

The national sample consisted of 131 Portuguese institutions, including refuges, temporary homes, services providing counselling on elderly abuse and negligence, counselling and support services for victims of violence, senior citizen hotline, social emergency hotline, retired people associations and volunteer associations for older people, family psycho-social counselling services, the national forensic medicine institute and health-related associations in the domain of ageing.

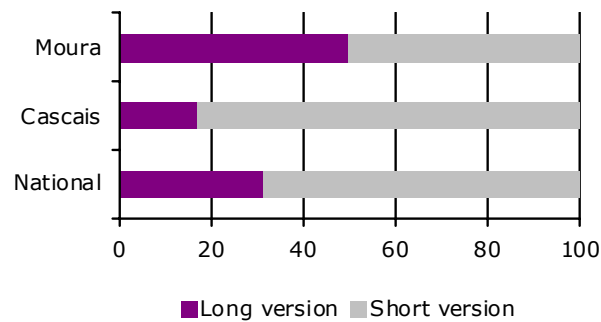
For the local sample, 79 organisations were identified in Cascais and 32 in Moura, including refuges, counselling and support services for victims of violence, counselling services for women, the police, public prosecutors, physicians, hospital services (emergency units and social services), parishes, primary health centres, fire departments, local social security services, home support services, day centres and nursing homes.

### **5.2.3. Conducting the survey**

The questionnaires were sent on September 1, 2009 by email or post. A number of follow-up calls were made. Towards the end of December, these follow-up calls were made to the umbrella organisations within our Project Expert Network.

In total, 242 questionnaires were sent and, after a number of follow-up calls to the recipient institutions, 137 were returned. The return rate is relatively high (57%) thanks to the high receptivity at a national level. 97% of the questionnaires sent to the national sample of institutions were returned, largely owing to the high participation rate of the local services belonging to the Social Security Institute. The region of Cascais had the lowest participation rate (only 8% of the organisations returned the questionnaire). It is worth mentioning that 94 short questionnaires and 43 long questionnaires were returned.

**Graph 13 - Proportion of short and long questionnaires per region for each sample (%)**



**5.2.4. Data analysis**

In total, 137 questionnaires, mostly (127) from the national sample, were validated and entered into the database. Because the relative weight of the regional samples has very little significance, a region-specific analysis will not be made here.

The analysis presented below is based on the replies to both questionnaire versions. Some of the questions therefore have fewer replies given that the shorter version of the questionnaire excluded many of the questions present in the longer one. It is also important to note that although respondents were requested to indicate whether the data provided consisted of real numbers or estimates, we were not provided with information enabling us to determine whether we were dealing with actual case figures or estimates.

**5.3. Sample characteristics**

**5.3.1. Participating organisations**

48% of the organisations responding to the questionnaire fall under Social Security services (25%) and other social services (23%). 26% are organisations supporting the victims of violence, including 14 refugees<sup>27</sup>.

<sup>27</sup> The organisation type convention used in our analysis of the questionnaire survey results was agreed in a meeting involving partner organisations to enable comparison across the various countries involved. One of the purposes for recoding the organisations according to the agreed type convention was to enable organisation type-specific analysis. In Portugal, however, most organisations that responded to the long questionnaire fall under '(domestic) violence victim support services', which makes organisation type-specific analysis irrelevant.

**Table 2 - Organisations covered by the postal questionnaire, by type (N and %)**

	N	%
<b>Organisations providing support to victims of (domestic) violence</b>	36	26
<b>Police / Justice System</b>	4	3
<b>Social Security</b>	34	25
<b>Elder support services</b>	14	10
<b>Other social services</b>	31	23
<b>Other</b>	18	13

The services the organisations provide are primarily related to violence, including domestic violence (43%), sexual violence (9%), violence against children (8%), violence in general (7%) and elder abuse and neglect (7%). It is important to note, however, that this question was only included in the long version of the questionnaire (i.e. the one replied to by 43 organisations, excluding most of the local services of the Social Security Institute).

**Table 3 - Organisations by primary area of activity (N and %)**

	N	%
<b>Violence in general</b>	9	7
<b>Crime in general</b>	8	6
<b>Domestic/household/partner violence</b>	29	22
<b>Domestic violence against women/girls</b>	27	21
<b>Elder abuse and neglect</b>	9	7
<b>Sexual violence</b>	12	9
<b>Violence against children</b>	11	8
<b>Elder care issues and gaps</b>	2	2
<b>Elder care and support / social ageing support / social services</b>	2	2
<b>Immigration</b>	2	2
<b>Women’s psychosocial issues</b>	4	3
<b>Elder psychosocial issues</b>	4	3
<b>Psychosocial issues in general</b>	6	5
<b>Spiritual well-being (spiritual/religious support)</b>	1	1
<b>Healthcare</b>	2	2
<b>Other</b>	3	2

Setubal (6), Lisbon, Porto, Faro and Azores (4 each) were the districts that returned the greatest number of questionnaires<sup>28</sup>. Only one reply was received from an organisation covering the national territory as a whole.

75% of the organisations responding to the long version of the questionnaire have 10 or less people working on a remunerated and full-time basis. Only 5% (N=2) have more than 100 people working on a remunerated basis.

On the other hand, 87.5% of the organisations have up to 10 people working voluntarily. One organisation has 150 people working voluntarily.

### 5.3.2. Respondents

Most individuals responding to the questionnaire<sup>29</sup> are women (91%), aged 24 to 40 (72.5%), and with degrees in Psychology (39%), Social Work (23%) or Law (20%).

65% of the respondents have positions in senior management, coordination or middle management in the respective organisations.

On the other hand, 65% of respondents have been working in the organisation for less than six years.

## 5.4. Institutional and professional experience with older women victims of intimate partner violence

### 5.4.1. Case knowledge

Half of the organisations (68) have had contact with older women victims of intimate partner violence: 21% from 2006 to 2009, 19% from 2006 to 2008 and 10% in 2009<sup>30</sup> only.

<sup>28</sup> The rest were from: Aveiro (3); Beja, Braga, Coimbra, Leiria and Madeira (2 each); Bragança, Castelo Branco, Portalegre, Santarem, Viana do Castelo and Vila Real (1 each). It is again important to note that this was a question included in the long questionnaire version only.

<sup>29</sup> Again, the questions allowing us to characterize the responding individuals were only included in the long version of the questionnaire.

<sup>30</sup> The data for 2009 is not for the entire year, but for the period from the beginning of the year to the month in which the questionnaire was filled out, which in most organisations was September or October 2009

**Table 4 - Organisations that have had contact with older women victims of intimate partner violence, by period and type of organisation (N and %)**

	Type of organisation						Total	
	Organisations providing support to victims of (domestic) violence	Police	Social security	Elder support services	Other social services	Other	N	%
<b>2006-2009</b>	16	2	6	1	3	1	29	21
<b>2009 only</b>	6		2	2	3		13	10
<b>2006-2008</b>	7		5	1	7	6	26	19
<b>No contact</b>	6	2	19	10	16	8	61	45
<b>No known contact</b>	1		2		2	2	7	5
<b>Total</b>	36	4	34	14	31	17	136	100

Organisations providing support to violence victims have contact with the largest number of women victims of intimate partner violence (in 43% of the total cases reported), followed by the local services of the Social Security Institute and other social services (19%).

From 2006 to 2009, **803 older women victims of intimate partner violence** sought help from one or more of the responding organisations. Most women (76%) sought help from organisations providing support to violence victims; 12% from Social Security services and 6% from the police / justice system<sup>31</sup>.

**Table 5 - Older women victims of intimate partner violence, by type of organisation and period (N and %)**

	2009		2006-2008		Total	
	N	%	N	%	N	%
<b>Organisations providing support to victims of (domestic) violence</b>	129	70	485	78	614	76
<b>Police / Law enforcement</b>	4	2	45	7	49	6
<b>Social Security</b>	32	17	61	10	93	12
<b>Elder support services</b>	6	3	4	1	10	1
<b>Other social services</b>	13	7	13	2	26	3
<b>Other</b>	1	1	10	2	11	1
<b>Total</b>	185	100	618	100	803	100

<sup>31</sup> 43 of the 45 cases referred here involve women who were assisted by the National Forensic Medicine Institute of Porto.

It is interesting to note that only elder support services saw an increase in the number of older women victims of IPV seeking help in 2009 in relation to the 2006-2008 period, possibly as a result of these types of organisations becoming more aware of and open to these types of situations.

The percentage of older women victims of intimate partner violence out of total users ranges considerably from 0.0025% to 20% and averages 5%. The proportion of older women IPV victims out of the total number of women IPV victims seeking help from responding organisations ranges from 0.022% to 70% and averages 7%.

Social Security services account for the highest proportion of older IPV victims (9% out of the total number of users and 25% out of the total number of women IPV victims). Especially noteworthy is that a fourth of the total number of women IPV victims using these services is older women.

**Table 6 - Average percentage of older women IPV victims out of total users and total women IPV victims, by type of organisation (%)**

	Type of organisation						Total
	Organisations providing support to victims of (domestic) violence	Police	Social security	Elder support services	Other social services	Other	
<b>Average percentage among all clients</b>	6	0	9	3	2	1	5
<b>Average percentage among the total of women IPV victims</b>	7	0	25	9	4	0	7

Compared to 10 years ago, the number of cases has increased in six organisations and remained stable in two. However, for most organisations (17), many of which have been created recently, no comparison is possible.

**Table 7 - Increase in the number older women IPV victims from 10 years ago, by type of organisation (N=29)**

	Type of organisation			Total
	Organisations providing support to victims of (domestic) violence	Police	Other social services	
<b>Number of cases increased</b>	5	1		6
<b>Number of cases remained stable</b>	1		1	2
<b>Not known / unable to compare</b>	17		4	21

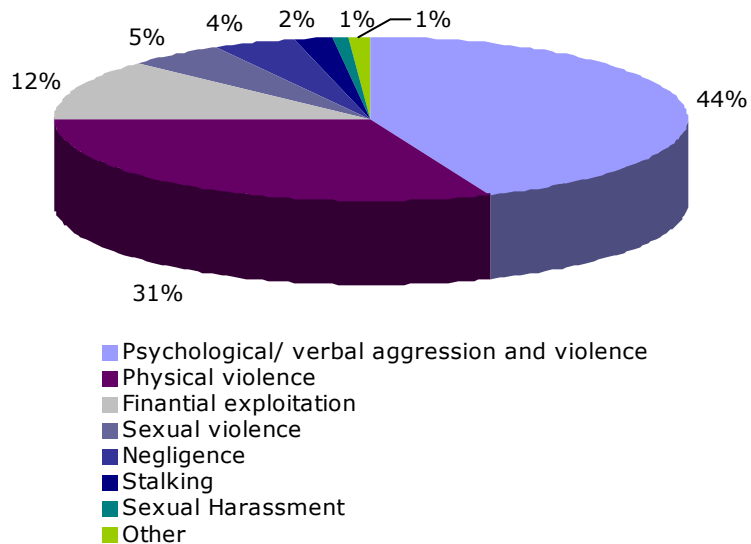
**5.4.2. Characteristics of cases (2006-2008)**

This subsection presents data on the characteristics of reported cases. Cases are characterized in terms of: forms of violence; victim characteristics, relationship characteristics and violence characteristics. It is important to note that the information provided here reflects the perceptions of the professionals who responded to the postal questionnaire.

**5.4.2.1. Forms of violence**

Psychological /verbal violence and aggression are the types of violence most committed by partners against older women (44%), followed by physical violence (31%) and financial exploitation (12%)<sup>32</sup>.

**Graph 14 - Victims by type of intimate partner violence (%)**



<sup>32</sup> In this question respondents were allowed to select more than one option, as women may be victims of more than one type of violence.



The majority of women who contact organisations providing support to violence victims are victims of psychological/verbal violence and aggression, physical and sexual violence (compared to women victim of other types of violence).

**Table 8 - Number of victims by type of intimate partner violence and type of organisation (N)**

	Type of organisation			Total
	Organisations providing support to victims of (domestic) violence	Police	Other social services	
<b>Physical violence</b>	177	2	5	184
<b>Sexual violence</b>	28	2	1	31
<b>Psychological/verbal violence and aggression</b>	253	3	10	266
<b>Financial exploitation</b>	64	1	5	70
<b>Intentional negligence (dependent victims only)</b>	22		5	27
<b>Sexual harassment</b>	5			5
<b>Stalking</b>	10		3	13
<b>Other types</b>	7			7
<b>Total</b>	566	8	29	603

**5.4.2.2. Characteristics of victims**

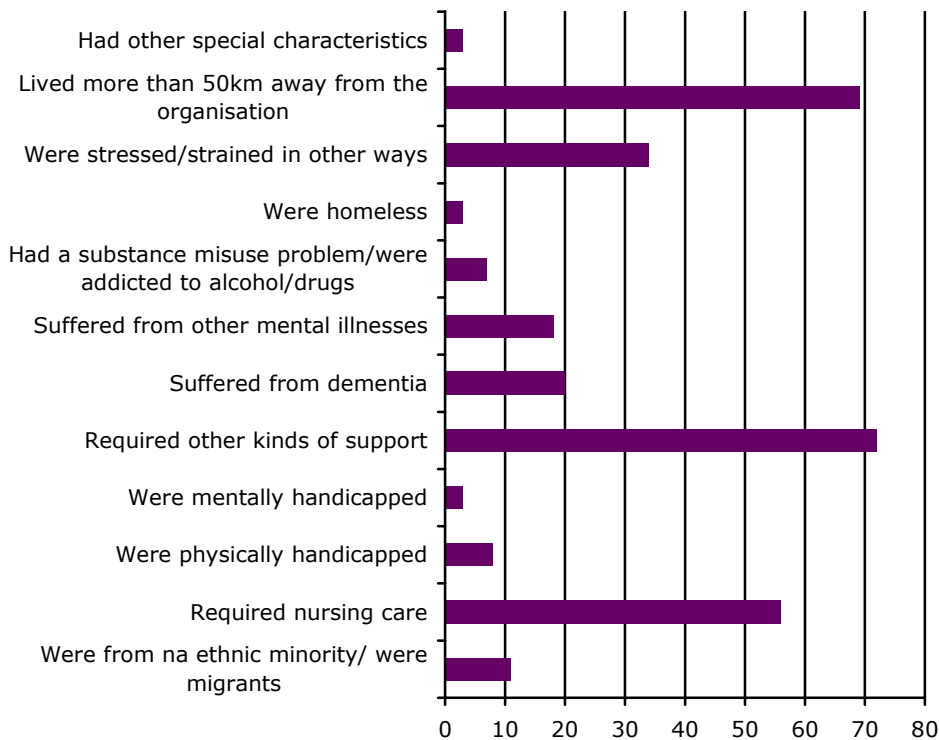
About four out of five older women who have contacted one or more of the responding organisations are within the age range of 60 to 74. This proportion is seen in all types of organisations except those falling under the ‘elder support services’ and ‘other social services’ categories, where a higher proportion of women aged 75 and above (25% and 42%, respectively) is seen.

**Table 9 - Older women IPV victims by age and type of organisation (N)**

	Type of organisation						Total	
	Organisations providing support to victims of (domestic) violence	Police	Social security	Elder support services	Other social services	Other	N	%
<b>Women aged 60 to 74</b>	319	37	45	3	7	8	419	77
<b>Women aged 75 and older</b>	95	9	14	1	5	2	126	23

In terms of personal characteristics, 72 women needed other types of support (in addition to support strictly related to violence), 69 lived over 50 km away from the supporting organisation and 56 required regular health care. Also warranting note is that 38 suffered from dementia or other mental illnesses and 3 were homeless<sup>33</sup>.

**Graph 15 - Older women IPV victims by personal characteristics and type of organisation (N)**



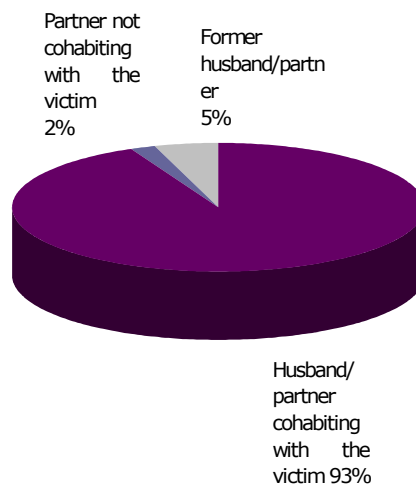
<sup>33</sup> In this question, more than one option could be selected so some women may have been associated with more than one characteristic.

Older women belonging to ethnic and cultural groups or who were immigrants (3), who were mentally ill (4) or who were homeless (3) contacted victim support organisations only.

**5.4.2.3. Characteristics of relationship**

All women were in heterosexual relationships. In the vast majority of cases (93%), the perpetrator is (was) the husband/partner with whom the woman cohabits(ed).

**Graph 16 - Perpetrators by type of relationship (N=285)**



67 cases involved caregiving relationships; in most of these cases (49) the perpetrator was the caregiver.

**Graph 17 - Relationships involving caregiving (N=67)**

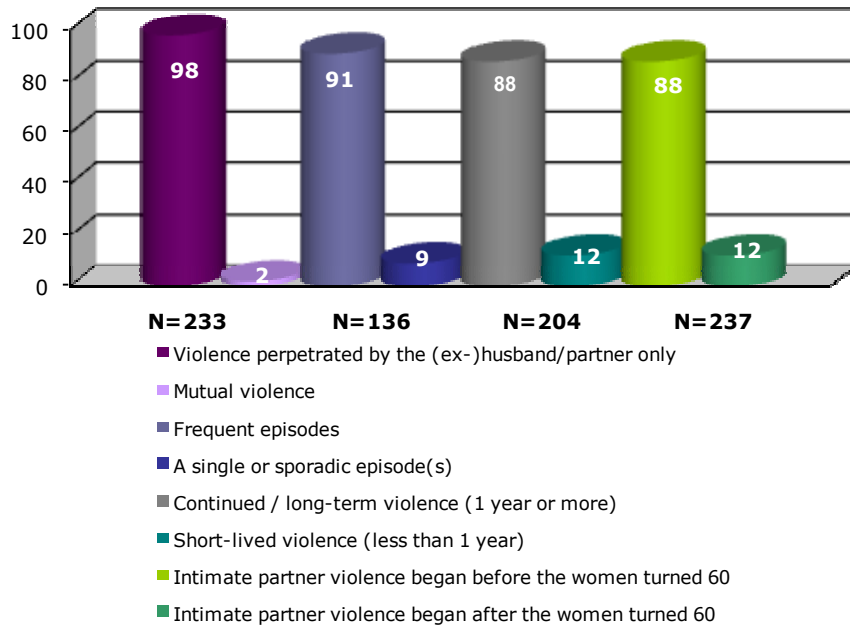


**5.4.2.4. Characteristics of violence**

In violent intimate partner relationships, 98% of cases involved situations in which violence was perpetrated by the (ex)-husband/partner.

Acts of violence were perpetrated frequently against 91% of women; only 12 women described the acts of violence they experienced as not being frequent. The vast majority (88%) of women reported having experienced violence over a long period of time (one or more years), beginning before they turned 60.

**Graph 18 - Older women IPV victims by type, frequency, duration and onset of violence (%)**



In the four cases of mutual violence, as well as in those cases where episodes of violence were infrequent (5) and/or violence was short-lived (5), the women contacted victim support organisations only.

**Table 10 - Organisations contacted by older women IPV victims by type, frequency, duration and onset of violence (%)**

	Type of organisation			Total
	Organisations providing support to victims of (domestic) violence	Police	Other social services	
<b>Perpetrated by the (ex-) husband/partner only</b>	21	1	5	27
<b>Mutual violence</b>	4			4
<b>Frequent episodes of violence</b>	10	1	1	12
<b>A single or sporadic episode(s)</b>	5			5
<b>Ongoing/long-term violence (one year or more)</b>	19	1	3	23
<b>Short-lived violence (less than one year)</b>	5			5
<b>Intimate partner violence began before the woman turned 60</b>	20	1	2	23
<b>Intimate partner violence began after the woman turned 60</b>	5	1		6

**5.4.3. Help seeking behaviour**

This sub-section discusses the results of questions on how organisations and/or professionals learned about the violence cases they reported and how initial contact was made between the victim and the organisation. These questions also included a field in which professionals could enter the number of victims; however not all respondents completed this field.

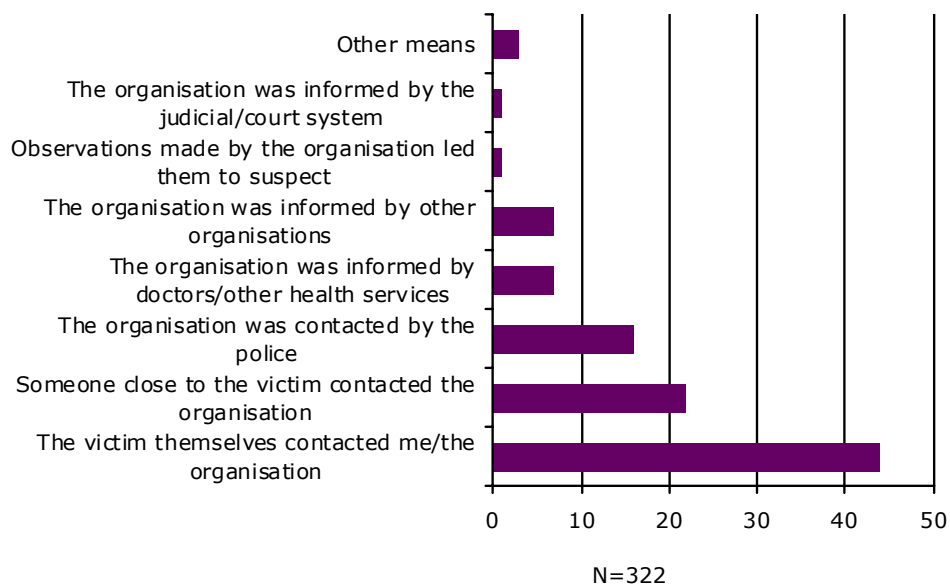
32% of responding organisations learned about cases through direct contact with the victims; 16% were notified by the police and 14% by physicians and/or healthcare services.

**Table 11 - Organisations with older women IPV cases by source of information on cases (N)**

	N	%
The victim herself contacted the professional /organisation	20	32
The organisation was notified by the police	10	16
The organisation learned of the case from physicians or other healthcare services	9	14
A person close to the victim contacted the organisation	8	13
The organisation learned of the case from other organisations	7	11
Other sources	6	9
The organisation learned of the case from the justice system / court	2	3
Comments made or the observations of the organisation raised suspicions	1	2
<b>Total</b>	<b>63</b>	<b>100</b>

Out of the total number of victims who contacted the responding organisations<sup>34</sup>, 44% contacted the organisation directly, 22% through a person close to them and 16% through the police.

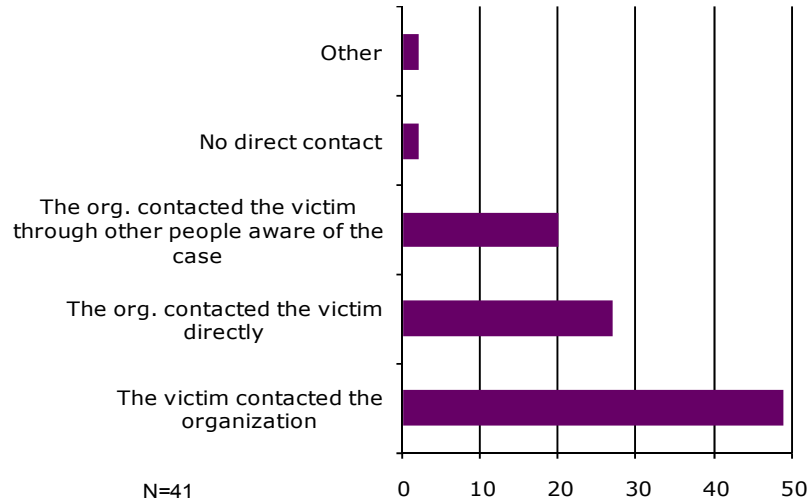
**Graph 19 - Older women IPV victims by source of information (%)**



<sup>34</sup> Not all responding organisations filled out the field indicating the number of victims; hence the data related to this question are inconsistent with the previously presented data.

49% of organisations reported that initial contact with the victim was made directly by the victim and 27% reported making the initial contact<sup>35</sup>.

**Graph 20 - Organisations with older women IPV cases by form of initial contact (%)**



From the perspective of the victims, 57%<sup>36</sup> established initial contact with the organisations themselves and 21% established initial contact through a person who knew about the case.

**Graph 21 - Older women IPV victims by form of initial contact (%)**



The services the responding organisations most provide to these women are essentially psychosocial support/counselling (17% of organisations), legal advice (13%), therapeutic support (10%) and information on other relevant

<sup>35</sup> The other sources of case information were Parish Councils, Municipal Councils, Social Helplines and local Social Security services.

<sup>36</sup> Again, not all responding organisations filled out the field indicating the number of victims.

organisations (9%)<sup>37</sup>. Only 4% provide a bed in refuges and 3% provide support in moving to a care home.

**Table 12 - Services provided by responding organisations, by kind of service (N and %)**

	N	%
<b>Psychosocial support/counselling</b>	28	17
<b>Legal advice</b>	22	13
<b>Theurapeutic support</b>	16	10
<b>Giving information on other relevant organisations</b>	14	9
<b>Filing complaints</b>	13	8
<b>Crisis intervention</b>	10	6
<b>Support in daily living activities</b>	10	6
<b>Referral to another organisation</b>	10	6
<b>Provision of a bed in refuges</b>	6	4
<b>Provision of medical services</b>	5	3
<b>Support in moving to a care home</b>	5	3
<b>Financial aid</b>	5	3
<b>Conducting criminal investigations</b>	3	2
<b>Issuing restraining orders</b>	3	2
<b>Provision of nursing care</b>	3	2
<b>Controlling adherence to restraining orders</b>	3	2
<b>Other</b>	7	4

The services older women IPV victims most received were psychosocial support/counselling (29%), legal advice and provision of information on other relevant organisations (17%).

**Table 13 - Women IPV victims by kind of service provided by organisations (N and %)**

	N	%
<b>Psychosocial support/counselling</b>	206	29
<b>Legal advice</b>	120	17
<b>Giving information on other relevant organisations</b>	119	17
<b>Theurapeutic support</b>	75	11
<b>Filing complaints</b>	36	5
<b>Assistance in daily living activities</b>	35	5
<b>Referral to another organisation</b>	30	4
<b>Crisis intervention</b>	27	4
<b>Financial aid</b>	20	3
<b>Conducting criminal investigations</b>	14	2

<sup>37</sup> Computed based on the total replies (163).



<b>Provision of a bed in refuges</b>	7	1
<b>Controlling adherence to restraining orders</b>	3	0
<b>Provision of medical services</b>	4	1
<b>Support in moving to a care home</b>	4	1
<b>Provision of nursing care</b>	2	0
<b>Issuing restraining orders</b>	2	0
<b>Other</b>	10	1

The aggregate services reported by questionnaire respondents are listed in the table below<sup>38</sup>.

**Table 14 - Kinds and description of services provided by responding organisations**

<b>Psychosocial support/counselling</b>	Psychological and emotional support; therapeutic support; social support; counselling; referral; preliminary technical support; application to the 'Complemento Solidário do Idoso' (CSI) (Elder Allowance) program; advice on Social Security; <b>these services are available but infrequently used directly by the victim, since in most cases contact is made by phone by persons close to the victim.</b>
<b>Legal advice</b>	Preliminary technical support; legal support; applications for free legal support for divorce from Social Security; <b>legal advice is given to the victim herself or to the person reporting the case.</b>
<b>Giving information on other relevant organisations</b>	Day centres and care homes; referral to Social Security
<b>Theurapeutic support</b>	Psychological support; preliminary technical support; <b>mutual support meetings at refuges.</b>
<b>Filing complaints</b>	<b>This includes filing written complaints with authorities or personally accompanying victims to police stations or Public Prosecutor's Offices.</b>
<b>Assistance in daily living activities</b>	<b>This includes assisting the victim when going to the police, to court, to the Forensic Medicine Institute, etc.</b>
<b>Referral to another organisation</b>	Referral to Social Security when home care services are required and/or referral to care homes or day centres.
<b>Crisis intervention</b>	<b>Referral to the social helpline when the situation requires immediate police intervention or referral to a refuge;</b> Social Security - Santa Casa da Misericórdia;

<sup>38</sup> For each type of service, the most relevant aspects are described in bold. It is important to note that not all respondents filled out this field. This table is also consistent with the service organisation and classification made by the respondents.

	admission to refuges; immediate accommodation.
<b>Financial aid</b>	<b>This includes catering to basic needs in crisis situations.</b>
<b>Conducting criminal investigations</b>	Public Prosecutor’s Office.
<b>Provision of a bed in refuges</b>	Admission to refuges.
<b>Provision of medical services</b>	Healthcare centres; hospitals; doctor’s appointments; communication with healthcare services.
<b>Provision of nursing care</b>	Healthcare centres; visits from healthcare centres to the victim's home.
<b>Other</b>	<b>Communication with relatives</b> ; referral to Social Security; referral to the CSI; <b>co-life planning</b> ; applications for social support; referral to psychiatric care; <b>removal of the victim’s belongings</b> .

**5.4.4. Perceptions of intimate partner violence against older women**

Intimate partner violence against older women is still – as seen by the limited amount of related research in Portugal - a subject requiring investigation. It is not enough to address the subject of intimate partner violence against women in general; focus needs to be given to older women as the specific subjects of research. It is on these subjects that we ought to concentrate when determining society’s perception not only of violence and gender issues, but also of ageing and other related issues.

We requested that responding professionals provide their opinion on a series of statements to learn about the individuals working (or who may one day work) with older women victims of intimate partner violence and determine to what extent our social constructions can influence our perception of this subject.

**Table 15 - Perceptions of intimate partner violence against older women (%)**

	<b>6</b>	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b> <small>39</small>
<b>Older women are victims of intimate partner violence less often than younger women.</b>	5	7	23	21	23	20
<b>In older couples, women are more often perpetrators of intimate partner violence than in younger couples.</b>	0	4	12	30	29	25
<b>The number of older female victims of intimate partner violence will grow in the future.</b>	5	10	30	36	16	3
<b>Intimate partner violence against older women is a topic no one really wants to deal with up to now.</b>	4	27	21	18	17	12
<b>Older female victims of intimate partner violence need other types of support and assistance than younger women.</b>	30	41	16	5	6	1
<b>Women in all stages of life are threatened by intimate partner violence - women in later life are not exempted from this.</b>	<b>54</b>	27	11	7	0	1
<b>The importance of the problem of intimate partner violence against older women is underestimated up to now.</b>	19	32	21	13	12	2
<b>Intimate partner violence against older women should be of higher importance in professional training for psychosocial and medical professionals.</b>	<b>50</b>	30	12	7	1	1
<b>Older female victims of intimate partner violence need more support than is provided up to now.</b>	<b>46</b>	26	21	5	2	1
<b>Only a few older women become victims of intimate partner violence.</b>	1	8	10	27	31	2
<b>Older female victims of intimate partner violence face particular difficulties in breaking-up of a long-term abusive relationship.</b>	1	8	10	27	31	23
<b>Younger female victims of intimate partner violence more often permantly separate from their abusers than older women do.</b>	<b>50</b>	37	7	4	1	2
<b>Intimate partner violence against older women often occurs in the context of dependency of care.</b>	23	26	20	21	9	2

64% of the individuals who responded to the postal questionnaire disagree that older women are victims of intimate partner violence less often than younger women; however 24% agree somewhat with this lower frequency (i.e. age is a factor that most people consider irrelevant).

84% of respondents disagree that in older couples, women are more often perpetrators of intimate partner violence than in younger couples; although this

<sup>39</sup> On our scale, 6 means 'I fully agree', 5 means 'I agree', 4 means 'I somewhat agree', 3 means 'I somewhat disagree', 2 means 'I disagree' and 1 means 'I fully disagree'.

statement concerns IPV at certain age, it is statistically known that in intimate partner violence in general, the perpetrators are predominantly male.

Respondents had divided opinions on the statement that the number of older female victims of intimate partner violence will grow in the future, but the majority (55%) disagreed. A substantial portion of respondents are therefore of the opinion that this is an issue not likely to escalate.

52% of respondents agree with the statement that intimate partner violence against older women is a topic no one really wants to deal with up to now.

The statement that older female victims of intimate partner violence need other types of support and assistance than younger women. is something that the broad majority (87%) of respondents agree with. This is consistent with the recommendations found in subchapter 8.3 of this report.

On the statement that the importance of this issue has been underestimated, the majority of respondents (72%) agree.

'Women in all stages of life are threatened by intimate partner violence - women in later life are not exempted from this' is a statement that most respondents (54%) fully agree with. According to this statement, gender is the dimension with the greatest weight and should therefore be considered when developing prevention policy.

Another statement that 50% of respondents fully agree (and 42% agree) with is that Intimate partner violence against older women should be of higher importance in professional training for psychosocial and medical professionals. This is also consistent with the recommendations provided further herein.

In-line with the notion that the issue of intimate partner violence against older women has been underestimated, the majority of respondents agree (93%, of which 46% fully agree) with the statement that these victims need more support than is provided up to now.

Only 19% of respondents expressed agreement that few older women become victims of intimate partner violence.

Most professionals (81%) disagree with the statement that older women victims of intimate partner violence face particular difficulties in breaking-up of a long-term abusive relationship.

However, it is the general opinion (reflected by 87% agreeing or fully agreeing) that Younger female victims of intimate partner violence more often permanently separate from their abusers than older women do.

Only 31% disagree that intimate partner violence against older women often occurs in the context of dependency of care. It is hence understood that most situations of intimate partner violence against older women occur in relationships where at least one of the partners requires care.

Respondents were also asked to provide their perceptions of the services provided to older women victims of intimate partner violence. The results are given in the table below.

**Table 16 - Perceptions of the services provided to older women victims of IPV (%)**

	6	5	4	3	2	1 <sup>40</sup>
<b>Existing support systems are adequate for the needs of older female victims of intimate partner violence.</b>	5	2	10	26	<b>33</b>	24
<b>It is difficult to motivate older female victims of intimate partner violence to seek help.</b>	17	<b>40</b>	29	14	0	0
<b>Older women experiencing intimate partner violence victims need more proactive forms of assistance than younger women.</b>	10	<b>36</b>	31	19	2	2
<b>Working with older female victims of intimate partner violence requires specialized professional training.</b>	24	<b>38</b>	19	14	2	2
<b>Professionals working with older female victims of intimate partner violence should themselves be middle-aged or older.</b>	0	0	5	19	19	<b>57</b>
<b>Older women experiencing intimate partner violence are more reluctant to seek help than younger women.</b>	26	<b>38</b>	24	12	0	0
<b>Older women experiencing intimate partner violence are more ashamed of what has happened to them than younger women.</b>	17	<b>31</b>	21	18	7	7

The inadequacy of the support systems available for older women intimate partner violence victims is readily apparent; 83% of respondents consider the statement 'Current support systems are suited to the needs of older women victims of intimate partner violence' to be false (1, 2 and 3). This is, in fact, another way of expressing the need for more support than is currently being provided, as indicated further above.

<sup>40</sup> On our scale, 6 means 'absolutely true', 5 means 'true', 4 means 'true to some extent', 3 means 'false to some extent', 2 means 'false' and 1 means 'absolutely false'.

It is also the general opinion that it is difficult to motivate older female victims of intimate partner violence to seek help (with 86% of respondents selecting one of the three 'true' options) and that these women need more proactive forms of assistance (77% chose one of the three 'true' options). These replies reflect society's general opinion that proactive behaviour is not a common characteristic among older people.

In fact, the absence of proactivity among older people is reaffirmed by the general opinion that older women victims of intimate partner violence are more reluctant to seek help than younger women (88% consider this statement to be true).

The statement that older women experiencing intimate partner violence are more ashamed of what has happened to them than younger women is the one that invoked the most divided response, with 32% of respondents considering the statement false.

81% of respondents consider that 'working with older women victims of intimate partner violence requires specialized professional training'. This is consistent with the previously expressed need to include the subject of intimate partner violence against older women in the training received by healthcare and psychosocial professionals.

The statement most respondents considered to be false (95%; with 57% selecting 'absolutely false') was that 'professionals working with older female victims of intimate partner violence should themselves be middle-aged or older'. It is therefore understood, in the opinion of the majority of respondents, that people working with older women may be their juniors.

In an estimated comparison (see the table below) of the extent to which older and younger women victims of intimate partner violence file criminal complaints and seek help in Portugal, only one item (Seek spiritual help) shows a higher proportion among older women.

The average percentage of women, whether younger or older, who press criminal charges, seek medical help, psychosocial assistance, help by the clergy or other help never exceeds 32%. The greatest difference lies in the percentage of younger and older women who press criminal charges; on average, the respondent organisations estimate that 32% of younger women press criminal charges against only 8% of older women.

**Table 17 - Average estimates of the extent to which older and younger women victims of intimate partner violence press criminal charges and seek help (%)**

	Women aged 20 to 40	Women aged 60 and above
<b>Press criminal charges</b>	32	8
<b>Seek medical help</b>	29	18
<b>Seek psychosocial assistance</b>	31	13
<b>Seek help by the clergy</b>	21	28
<b>Seek other help</b>	31	23

**5.4.5. Intimate partner violence against older women: is there specific interest on the part of respondent organisations in addressing the issue?**

Intimate partner violence against older women is not a central topic on the agendas of 56% of respondent organisations. The reasons they gave are related to the limited contact they have had with cases of this type:

*'It is not a central topic because no women over 60 have ever applied to our institutions for help.'*

*'There are few reports on older women; we only have two vacancies for isolated women.'*

*'It can be considered not to be, because so few older women seek and request our assistance, and because there are limited initiatives oriented to this emerging, but camouflaged issue in our society. We require further information and training specifically on this issue, regardless of gender, since older men are also victims though in lesser number, as occurs in younger age ranges.'*

*'Because we are understaffed, we try to focus our efforts on domestic violence victims who are statistically more significant. This doesn't mean we don't provide support to older women IPV victims; it simply means they are not our most significant target group.'*

Other respondent organisations said they focused their efforts on domestic violence as a gender issue, regardless of age:

*'Intimate partner violence against women is a central topic at our NGO, regardless of age. We focus on violence against women in general, not within any specific age range.'*

*'Violence against women and children, but not specifically older women.'*

*'Violence against women is the central topic in our day-to-day work, but not specifically violence against older women.'*

Some organisations see it as an age issue to be addressed by other services specifically designed for this age group:

*'Refuges are intended to receive adult women, who have been victims of domestic violence, whether or not accompanied by minor children,'*

*'No, as there are other social services more suited to this issue'.*

One respondent organisation has a very comprehensive scope of activity as the institutional mechanism responsible for promoting public policies for gender equality: "The CIG has the mission of promoting public policies for gender equality, including initiatives in the areas of domestic violence, human trafficking and gender equality".

The reasons given by 44% of respondent organisations to explain why IPV against older women is a central issue are similar to reasons given by other organisations to explain why it is *not* a central theme. In other words, although their replies were contrary, the reasons given were similar:

*'Domestic violence against people is a central theme at this organisation, regardless of gender or age.'*

*'Domestic violence is a central theme on our organisation's agenda, whatever the age of the victim.'*

*'We effectively support all cases of domestic violence against women. However we have had a very small number of cases.'*

*'Our institution supports crime victims in general, and violence against older women is always a central theme for us.'*

*'The central theme of my association is violence against women, including, but not specifically, older women.'*

*'Our NGO is a centre for domestic violence victims.'*

*'All victims of partner violence are received in the same manner'.*

Only three organisations gave different reasons for IPV against older women being a central theme for them:

*'It's something that has to be done.'*

*'Considering that the Portuguese population is ageing and that the issue of domestic violence, or more specifically partner violence, has been much debated in the scientific community and at organisations working with this issue.'*

*'Because it is a widely disseminated issue, the District XXX organizes conferences in municipalities throughout the district to raise awareness about the issue'.*



Another organisation said the issue was central on their agenda because the victims lack initiative: 'Because these are very serious situations, and the victims generally don't take initiative and are unable to take appropriate measures themselves to address the issue.'

Only four organisations <sup>41</sup> said they provided specialized services for older women victims of intimate partner violence. However, the kinds of services described are by no means specific to older women:

*'This is a service oriented to/specializing in all victims of domestic violence, including violence against older people, regardless of gender.'*

*'Teams trained on domestic violence to assist victims.'*

*'Psychological support'.*

13 organisations specifically mentioned older women as a target group, against 21 that didn't. The ones that did specifically mentioned older women justify their replies either with gender issues or issues specific to older women:

*'As women victims of domestic violence.'*

*'Because the objective of our association is to support women victims of domestic violence, regardless of their age range.'*

*'Domestic violence includes maltreatment of older people and therefore they are among the target groups of XXX.'*

*'They are considered an especially vulnerable population group.'*

*'Counselling services oriented to the specific needs of this target group'.*

The strategies these organisations use to reach this target group essentially consist of awareness activities oriented to older people. One organisation developed a specific program; another implemented a 'travelling bureau promoting nonviolence among older people at parish councils'; one organisation said they prepared a 'Guide for Preventing Violence against Older People' and distributed it at institutions for older people." Another organisation said it 'interfaces with local institutions directly or indirectly working with this population group'.

The 21 organisations that did *not* mention older women as a target group gave the same reasons as the organisations that *did*.

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<sup>41</sup> Out of a total 42 responding organisations.

*'All women are given the same support.'*

*'Older women are implicitly included as a target group of our association, since the central theme of our work is violence against all women.'*

*'In our work, the target group is all people aged 18 and above, including older people.'*

*'Our target group is all women victims of domestic violence.'*

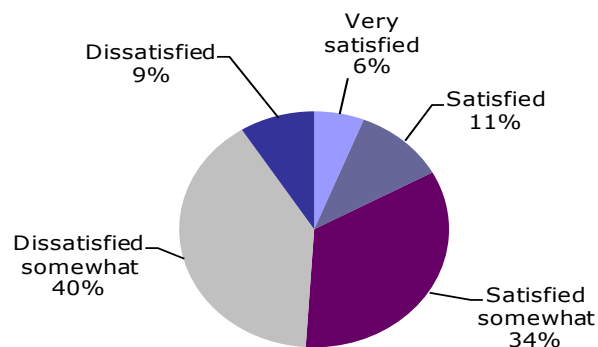
Only two organisations consider age to be a factor making it difficult to work with women victims of intimate partner violence:

*'We think this group requires a specific approach, which would require a larger number of professionals and a different work system.'*

*'The target group we work with are young and middle-aged women; older women are usually referred to care homes.'*

When asked about their satisfaction with the support provided by their organisations to older women victims of IPV, the perceptions of respondents were more positive than negative: 34% of the organisations are satisfied somewhat, 11% are satisfied and 6% are very satisfied. However 40% are dissatisfied somewhat. Seven organisations said they had no experience of cases of this type.

**Graph 22 - Satisfaction with the type of support provided by organisations to older women victims of intimate partner violence (%)**



Most organisations that are very satisfied or satisfied with the support given to older women failed to justify their replies, except one:

*'Despite the lack of resources in this area, we try to respond adequately to each user's needs, and when necessary we refer them to services specializing in older people.'*

Those organisations that were satisfied somewhat considered themselves to successfully provide support.

*'The people who are supported by our services perceive that our support does not end when they have gained independence. Some people continue to have regular contact with our services.'*

*'We have provided a successful response in all cases to date.'*

*'The type of support we provide is consistent with the needs of users.'*

Two organisations replied that they were satisfied with the support provided, but also expressed a critical perspective:

*'We are not always able to provide the services most suited to these specific cases.'*

*'Because of the lack of specific training in this area.'*

Organisations that were dissatisfied somewhat with the support provided to older women victims of intimate partner violence described both the lack of social services for these women and their incapability to solve situations involving violence:

*'Services are overly specific and demanding. The response is inadequate, nonexistent and/or insufficient. Services are limited to those possible.'*

*'We would need to work more closely with our networks and develop services that are better structured in terms of duration and substance.'*

*'We have been unsuccessful in persuading older women to report these situations, so we are unable to provide the required support. In addition, there are, practically speaking, very few service and support options available to older women.'*

*'There are not very many domestic violence services available for this population group. But these women are generally reluctant to file criminal complaints for fear of the consequences and because they simply think it isn't worth it. Removing them from their violent relationships is also a solution they normally reject because they don't want to leave their homes, their belongings, their families and neighbours.'*

*'Because older women often don't have the courage to ask for help or don't want to be helped, since the perpetrator is often a very close relative.'*

The organisations who were dissatisfied gave reasons consistent with the ones described above – lack of services and the victims’ resignation to their situations:

*‘Existing social services are not suited to the specific needs of older, inactive women who are victims of intimate partner violence.’*

*‘Absence of social services for older women victims of intimate partner violence; withdrawal of criminal complaints and resignation to abuse, in some cases because the victims don’t know any different.’*

59% of organisations would like to offer some type of service to older women victims of intimate partner violence. Some services are targeted to older people, regardless of gender:

*‘Our cooperative would like implement three projects for older people: a helpline, a care home, and an alarm service in which victims can use an electronic device to call for help in an emergency situation.’*

Mention is also made of services that fall under accommodation:

*‘Adequate accommodation of older women IPV victims and subsequent reinsertion in the community.’*

*‘Apartments for crisis situations.’*

*‘Refuges specifically for older women.’*

*‘Temporary accommodation centres.’*

*‘An institution providing immediate accommodation suited to the specific needs of the older woman.’*

Some organisations mention the need for cooperation among multiple services:

*‘Create a local victim support network.’*

*‘Self-help groups; workshops; integration of other activities within the organisation; interface with social services networks; safer and closer services providing greater protection; immediate accommodation with vocational activities.’*

*‘We think responses need to be more specific and suited to this public. The services provided to older people, because of their characteristics, need to be different from those we provide to younger men and women. These services should exist and are beyond our scope of activity, since they require specific professional training and working as a network with other services.’*

Lastly, some organisations mention generic services:

*'Occupational services oriented to this target group.'*

*'Make gerontological care known and accessible to women in general throughout the country.'*

*'Continued clinical care.'*

**5.4.4. Interest expressed in receiving further information on the study and in collaborating**

103 of the 137 responding organisations expressed interest in receiving further information on this study and the results of the survey.

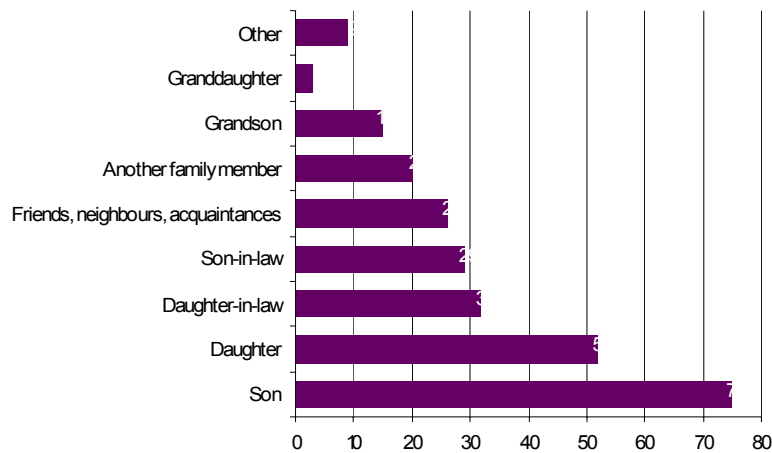
But only 37 people offered to be interviewed on the subject issue.

50 organisations said they would be interested in participating in a discussion on recommendations for future initiatives for older women victims of IPV.

**5.4.5. Intimate partner violence: institutional and professional experience with older women victims of violence perpetrated by other perpetrators and older men as victims**

76 responding organisations have had contact with a total 261 women who have experienced violence perpetrated by other family members or other people close to them. Sons and daughters are the close family members who most commit violence against older women, with a total 127 cases (or about half of the cases the responding organisations have had contact with involving violence against older women perpetrated by other people close to them).

**Graph 23 - Older women victims of violence perpetrated by other perpetrators (N)**



Nine organisations have had contact with a total 48 older male victims of intimate partner violence; all these men were in heterosexual relationships.

Considering that there are 803 cases of IPV against older women reported by the responding organisations, it is clear that intimate partner violence is overwhelmingly a women issue (94% older women against 6% older men).

## 5.5. Summary and discussion

68 out of the 136 responding organisations<sup>42</sup> had contact with older women victims of IPV from 2006 to 2009. In total, 803 older women IPV victims contacted one or more of the responding organisations. Most women (76%) went to victim support organisations for help; 12% went to Social Security services and 6% to the police / justice system<sup>43</sup>.

The percentage of older women victims of intimate partner violence out of the responding organisations' total users ranges from 0.0025% to 20% and averages 5%. The percentage of older women IPV victims out of the total number of women IPV victims serviced by the responding organisations ranges from 0.022% to 70% and averages 7%.

Psychological / verbal aggression and abuse are the types of violence most frequently committed by partners against older women (44%), followed by physical violence (31%)<sup>44</sup>. 266 women were reported to have been victims of psychological / verbal aggression and abuse and 177 of physical violence.

About four out of five women who have contacted one or more of the responding organisations are in the age range of 60 to 74.

All cases involve women in heterosexual relationships. In the vast majority of cases, (93%), the perpetrator is (was) the husband/partner with whom the victim cohabited. With respect to perpetrators other than the (ex-) husband/partner, it was found that sons and daughters are the ones who most

<sup>42</sup> Although a total of 137 questionnaires were entered into the database, in one case two people from the same organisation returned questionnaires. Also warranting note is that 37 questionnaires were from the local services of the Social Security Institute.

<sup>43</sup> This includes the National Forensic Medicine Institute in Porto.

<sup>44</sup> In this question respondents were allowed to select more than one option, since women may experience more than one type of violence.

committed violence against the older women who contacted the responding organisations.

Acts of violence were perpetrated frequently against 91% of women; only 12 women described the acts of violence they experienced as not being frequent. The vast majority (88%) of women reported having experienced violence over a long period of time (one or more years), beginning before they turned 60.

32% of responding organisations learned about cases through direct contact established by the victims. They also relatively frequently learned about cases through people close to the victims, the police and health services.

The services responding organisations most provide to these women are essentially psychosocial support/counselling (17% of organisations), legal advice (13%), therapeutic support (10%) and referral to other relevant organisations (9%)<sup>45</sup>. Only 4% provide of a bed in refuges and 3% provide support with moving to care homes.

To the respondent organisations, more than an age (or ageing) issue, intimate partner violence is a gender issue that affects women above all. It is an issue that, in the opinion of most organisations, is unlikely to increase in the future.

However, further support and other forms of support are required. Including this theme in the training received by healthcare and psychosocial professionals is also essential. In the opinion of most participating organisations, it is difficult to motivate older women IPV victims to seek help, as they are more reluctant to seek assistance and require services that are more provocative than those provided to younger women.

Intimate partner violence against older women is not a central theme on the agendas of over half of the respondent organisations, for a number of reasons. Only four organisations consider themselves to have specialized services for older women victims of intimate partner violence (which overall can be considered truly specific).

A number of questions arise from our analysis of the data collected through the postal questionnaire, namely:

- Considering that a large part of the professionals working at respondent organisations (namely organisations supporting the victims of domestic

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<sup>45</sup> Computed based on total replies (163).

violence) have been addressing the issue of violence for less than 6 years, and that services for victims of domestic violence – especially victim support centres – are a relatively recent development in Portugal, where could older women have gone to before to seek help? What services could they have gone to and what type of support could they have received?

- Most respondent organisations believe older women victims of intimate partner violence do not face personal difficulties when they end the long-standing violent relationships. But if this is so, why is it that most women we have learned about through interviews with professionals have not ended their violent relationships? What makes these women decide to remain in violent relationships?
- It is also understood that younger victims of intimate partner violence separate permanently from their perpetrators more frequently than older women do. This being so, wouldn't these older women encounter personal difficulties such as economic, housing and often emotional dependence from years of living with the perpetrator? Or wouldn't they find it difficult to develop an alternative life plan at the age of 70 or 80?
- If IPV against older women is not a central theme on the agendas of over half of respondent organisations, what does this represent and what effects does it have on the suitability of the services provided to the recognized specific needs of older women?



## VI

# Interviews with older women victims of intimate partner violence

### 6.1. Research aims and ethical issues

As described in chapter II, one important goal of this project was to gather knowledge on specific features of cases of IPV against older women from different perspectives. This means that it was extremely important to talk with victims themselves, listen to their accounts and find out about their perspectives. Hence, interviews with older women affected by intimate partner violence are one core element of this study - thus following a general trend in criminal justice procedures as in criminological and victimological research to give victims an immediate voice and let them speak on behalf of themselves (cf. Hotaling & Buzawa, 2003; Morris, Maxwell & Robertson, 1993; Shalhoub-Kervorkian & Erez, 2002).

The interviews with victims aimed at exploring characteristics of older women victims and perpetrators, characteristics of violent relationships in old age, risk and protective factors, causes of abuse, characteristics of violent acts (dynamics, situational factors) and contexts of abuse. Of special interest was the help seeking behaviour of older victims, perceived barriers for help seeking and perceptions of professional help. One important aspect was also the way older victims speak about their experiences, the terminology and accounting structures they use and their interpretations of their experiences in the context of their generational and biographical background.

In the interviews with victims, ethical issues were highly relevant. Interviewing older victims of IPV demands for certain basic ethical principles just like in researching violence or other sensitive topics in general (see the principles presented by the International Organization of Medical Sciences (CIIOMS), Ellsberg & Heise, 2005, pp. 35/36). Beyond these principles aspects had to be taken into consideration with regards to the special target group and research interest: issues of confidentiality, problems of disclosure as well as the need to ensure adequate and informed consent. Following international standards

(Ellsberg & Heise, 2002, WHO, 2001, Elcioglu, 2004) the partners discussed and fixed internal principles for ethical issues related to victim interviews.

## **6.2. Methodology**

### **6.2.1. Instrument**

The interview method used adopts features of so-called “problem-centred interviewing” (Witzel, 2000) and “episodic interviewing” (Flick, 2000) and places emphasis on giving space for narrative elements while at the same time following a more structured approach than Schütze’s method of narrative interviewing (Schütze, 1983). In an international consultation process partners worked out an interview guide for the interviews with victims and translated it to the respective languages. This interview guide covered four main fields of interest: (a) life history, (b) experiences of violence during life time, (c) changes in violence in old age and (d) help, needs and rights. The interview guide worked with open questions and narrative impulses and gave lists of aspects to be covered, which had to be checked by the interviewer during the interview and used for in-depth exploration (see appendix 3).

A brief introduction contained information on the research project and on the topic to be explored. A crucial point here was to make explicit what the study was about without restraining answers too much by pre-labelling experiences as violence which might be labelled in other ways by interview partners themselves. The issue of interest was introduced with the following statement: “We know from other studies, that a lot of women experience serious conflicts in their partnerships and even violence by their own partners. So we know that living in partnerships may become difficult, agonizing and dangerous for some women. But we know very little about experiences and perceptions of women older than 60 years.” In this introduction it was also explained how the interview would be carried out, we asked the permission for recording the interview, explained what would happen with the information and the record and declared confidentiality. The interview partners were asked to sign an informed consent form and received a signed confirmation that their information would be treated confidentially. In the last section of the interview, interviewees were asked if they were informed about the regional support services available and if they knew about their rights and the legal framework. Interviewers had this information at hand and were prepared to give necessary information. Partners also had two social data forms at hand, one for the women and the other for violent partner(s) or ex-partner(s). Interviewers checked, whether all relevant

information were given during the interview and asked the interviewee for missing information at the very end of the interview.

At best immediately after the interview interviewers were due to fill in an interview postscript form. This form asked for basic information on the interview (date, duration, access, interviewer, disturbances etc.) and information given to the interviewer before and after recording. Leading first analytical steps interviewers were also asked for central messages of the interview, eye-openers, possible starting point for analysis and interpretation and other noticeable features, problems and impressions. In the last sections interviewers should give ratings of key interview features (interviewee's perceived openness, quality of interaction, concreteness of information, perceived reliability and perceived strain of the interview partner).

### 6.2.2. Sampling

A sample of women aged 60 and above who had experienced, or were experiencing, intimate partner violence was derived from the staff interviews.

One of the last items on the staff interview form asked interviewees to provide a list of women who matched the profile described and who might be available for interviews. A group of 14 women was identified for the 10 planned interviews, with 5 remaining subject to later confirmation as they were older cases and had not been contact with the organisations for some time; and the other 9 immediately available for interviewing.

This sample of women covered various regions of the country, with 5 living in the North and Centre, 6 in Greater Lisbon and 3 in the South.

However, a number of constraints were encountered which, despite our efforts over several months, limited the number of interviews to 7, namely:

- Some of the women were serviced by Victim Support Centres, created as part of projects with predefined durations; at the end of these projects the services provided to these women were discontinued. For this reason, one of the interview candidates was no longer available.
- Some women were no longer receiving assistance for reasons that ranged from their no longer seeking help from the organisation to their leaving their refuge; three initially identified women were in this situation.
- Fear of retaliation, reluctance to relive traumatic experiences, reluctance to go against the wills of their children or their (ex-)perpetrators (in situations where they continued to cohabit with them) or their approaching court

hearings led three women to decline who had initially agreed to be interviewed.

It is also relevant to note that three of the interviewed women were less than 60 years old when they experienced abuse. This aspect, after due consideration by the project team, was not considered an impediment to conducting the interviews because in one case the woman's age was very close to the preestablished threshold (59) and in the other two cases, although the women separated from their perpetrators when they were in their 50s, the divorce proceedings lasted into their 60s and still affected their day-to-day lives.

### **6.2.3. Conducting the interviews**

The interviews were held from mid-April to early August 2010 in various regions of Portugal: 4 south of, and 3 north of the Tejo River (Porto, Leiria, Cascais, Seixal, Ferno Ferro and Moura).

Initial contact between interviewer and interviewee was always mediated by the professional who had indicated the interview candidate. No direct contact was established between the interviewed older women and the project team other than during the interviews.

Interviews were held at the organisations the women had gone to for help and in which they were receiving assistance, always in a quiet space where they could talk calmly without the interference of strangers and where they would feel safe, protected and comfortable enough to share their experiences.

In nearly all cases, interviews were held in psychotherapy rooms or in the offices of the professionals who had indicated the interviewees (the professionals would leave their offices before the interviews). In the two cases in which these rooms were unavailable, the person who had indicated the interviewee had taken care to provide a training room in the quietest wing of the facility or a room which, though small, provided enough privacy.

In all cases it was clear that these women wanted to tell their stories, even though they initially felt inhibited and at times, during the course of the interviews, reliving their experiences was immensely painful. One woman said at the end of the interview that she felt she had been purged of everything she had experienced.

It was made clear to all interviewees, including through the briefings made by the relevant staff members, that the interviewer would by no means change

their current conditions or offer any additional help. Clearly explaining the objectives and context of the interview helped create a relationship of trust between interviewer and interviewee in the various interview situations.

Not all women told their entire life stories and experiences of violence during the interviews. This was the case of at least two women, who intentionally omitted parts of their experiences during the interview which they had previously described to the project team. The omitted parts were specific episodes of violence that they believed their perpetrators could recognize them by.

This demonstrates that although these women are very strong and determined to succeed in life against all odds, they still worry about being recognized by their husbands/partners.

#### **6.2.4. Data analysis**

The recorded interviews were transcribed verbatim by two individuals hired specifically for this purpose, following the transcription convention agreed for this Project.

A summary of the interviewed women's life stories is first presented.

Then, after all the interviews have been presented, a thematic analysis is made focusing on the key questions contained in the interview guide to identify recurring and/or emerging themes, patterns or categories.

Our analysis is at times semantic (or explicit, more descriptive, where information is organized according to certain patterns) and at other times latent (or interpretative, where information is presented to embody interpretations that are more theoretical in nature).

### **6.3. Sample characteristics**

The interviewed women are in the age range of 59 to 76; three are in the age range of 60 to 64 and two in the range of 65 to 69. Two women have no schooling whatsoever, three attended the 1<sup>st</sup> cycle of basic education (two of which left school before completing basic education) and two have higher education degrees.

Two women are currently employed (the youngest and the oldest). All have had previous employment experience: three as housemaids, one as a seamstress, one as an agricultural worker, one as a geriatric assistant and one as a primary school teacher. Four women were last employed five years ago and one woman last year (2009). Overall, these women have worked for a good portion of their lives, from 13 to 64 years (13, 25, 33, 38, 46, 50 and 64).

However only 3 are currently receiving retirement pensions for their time in employment.

Three of the interviewed women live alone, two with one other person (in one case the perpetrator), one with more than two people and one with more than six people (daughters, the husband of one of her daughters and grandchildren).

Only two are married or cohabiting; three are separated, one is divorced and one is a widow.

Four women have had children with the perpetrator and two have had children with other men (only one has no children). Their children are mostly over 35 years of age. All women are in contact with their children.

All complained of serious health problems, namely: blindness, diabetes, stroke, hypertension, osteoarthritis, heart problems, back problems, urinary system problems and depression. However only one requires assistance in her daily living activities.

With regard to family income, five live on less than €500 a month (three on less than €300); one was unaware because she was supported by her daughter. Only one woman lives on income in the range of €1000 to €1500. Six have access to this income.

With respect to their (ex-)husbands/partners, the youngest is 59 and the oldest is 80; most (4) are from 60 to 69 years old. Four left school in the 1<sup>st</sup> cycle (primary education) of Basic Education, one in the 1<sup>st</sup> year of the 2<sup>nd</sup> cycle (preparatory education) and one in the 2<sup>th</sup> year of the last cycle (secondary education).

Four are still employed. Most are/were in unskilled employment (construction, carpentry, farming) and two are/were in skilled employment. One has not been employed since before 2000 and one since 2005. Four of the interviewed women

did not know how many years their (ex-) husband/partners and boyfriend had been employed; two said 32 and 50 years.

Four (ex-)husbands/partners and one boyfriend had children with other women; in three cases their children are over 40 years old and in one case the child is a minor. In two cases, the interviewed women have contact with children-in-law.

Six (ex-)husbands/partners have health problems, namely: prostate problems, digestive system problems, diabetes, heart problems, mental illness and alcoholism (2).

Two women were unable to estimate how much money their (former) husbands/partners or boyfriend had available; one was said to have less than €300 and two more than €2500.

#### **6.4. Older women victims of intimate partner violence**

Women of all ages who are victims of intimate partner violence face similar challenges when they attempt to break up their relationships (such as feelings of shame, financial problems or problems finding a place to live).

But women aged 60 and above face particularly difficult issues. They were educated and married at a time when domestic violence against women was not only ignored, but tolerated. They lived in social contexts where gender differences were particularly heightened by male dominance.

Now, in their old age, after decades of violence and abuse, they face problems such as low self-esteem and a host of issues relating to their social and family contexts.

In addition, they have fewer opportunities to tell other people about their situation; they suffer from health problems that often make them dependent on their perpetrators; they feel committed to dedicating their entire lives to their families; some are afraid of being alone.

These are the findings of empirical literature on the subject. In this Project, the primary objective was to give a voice to older women IPV victims and materialize their experiences of violence. What stories are there to be told by

these older victims of intimate partner violence, who have offered to share their experiences?

#### 6.4.1. Life stories

The life stories of the interviewed older women IPV victims are summarized in this section and complemented by illustrative quotations taken from the interviews.

The stories narrated here paint a picture of how the individual lives of these women are intertwined with their family and social contexts, complemented by own words of the women themselves.

- Interviewee 1

A 76-year-old woman who still shares the same home with her 80-year-old perpetrator.

This woman is illiterate. She began to work at a very young age as a private housemaid. She has always had a job and has been relatively financially independent, from the beginning of her relationship with her perpetrator until today. Her work is, and has always been, her source of joy: "Take away my job and you've taken everything!"

To this woman, the economic aspect is particularly relevant.

*"At the time they asked us to transfer everything to me. We did and it was his family who asked him to transfer everything to me. Because I was the one who took care of him, I was his nurse; I've always been his slave; I've always been the provider".*

It is interesting to note that when she describes the care she provides to her partner, when necessary, she refers to it as a duty she has to fulfil.

*"At that time I was working in several places. I've worked my whole life. And when he was sick, I was his nurse, his maid; I made sure he lacked nothing."*

She had two previous relationships, but neither of them was violent.

*"I had a boyfriend before I met him. I lived with him; he was single and was a love of a boy. He was younger than me. He was in the Army. I was working at a maternity ward and he was always good to me, for four years. (...) but he was always good to me. He never mistreated me or anything".*



But her first relationship was when she was still a child.

*"But I had dated a boy who was older. I was 12 and he was 25. His parents liked me very much. And soon I found myself like this [pregnant]"*.

Because of this she is sent away from home by a family member. She goes to the police for help and is admitted to a boarding school. Her child is born there but dies after 9 months, although he has been "well treated in everything". At the boarding school she was "very well treated, very well treated and learned to become a woman."

She cohabits with her perpetrator for 50 years. The beginning of their relationship is marked by absurdities. Her partner, with whom she shared a room, in fact lived a dual life: he was married and had a daughter living in another region of the country.

*"He wasn't separated. He wasn't separated. It was his wife who left him. When he arrived there in A., he had nothing. (...) After a few years, she found out he was living with a woman. I soon went to A. with him. There was the virgin, the mother, the father and all that. She then took me to court for fear she would lose everything to me. He gave everything up easily. (...) He gave her everything; he did everything to please her. He even bought them new clothes."*

They initially lived in a single room and later bought a shop where her partner ran a carpentry business. They built an addition to the workshop where they now live in precarious living conditions.

*"We lived in many single-room homes until we moved there. We spent many years there. It wasn't a little house. It was a garage. We had a shop and the back part."*

She had several abortions because her partner didn't want children; this, and the premature death of her baby, were always a source of conflict.

*"He never wanted children! He made me have several abortions! I would tell him in his face: 'You're a murderer because you've made me have so many abortions!' Did he want children?! Never!"*.

Throughout the years, this woman not only helped with expenses and in managing the business, but also tended to do all household chores on her own.

*"It was a workshop that we had rented. (...) There were sometimes 40 men at the workshop on weekends. I would work on Mondays and prepare meals for all those men.*

She would also buy clothes for her partner and care for him when he was sick.

Throughout the 50 years of their partner relationship, her partner had several extramarital affairs, which she ended up accepting.

*"At 50 years of age, he found himself a mistress. He found himself a mistress and she was a friend of mine, a girl we knew."*

The perpetrator is rude and aggressive towards everyone. He has no friends or neighbourly or family relationships.

The woman, however, has a substantial network of friends, with whom she meets frequently. She also has a good relationship with her neighbours, who support her as well as they can and are alert to any sign of violence perpetrated by her partner.

She also has a close relationship with the perpetrator's family.

*"It's been many years since I last went to my sister in-law's house, but she always wants me to visit her. And they help me and do not give me anything, to bring, because of him. They always learn about everything, everything, everything, because I tell them over the phone."*

Psychological violence and insults have been a constant throughout her relationship.

*"I'm a bitch, I'm a thief. I'm always stealing from everybody. Everything he has – clothes and all – he has because of me. I've always bought him lots of clothes. But now it's been several years since I've bought him anything."*

The sporadic episodes of physical violence were always behind closed doors. When her husband got extremely violent she would try to run to the street.

About 10 years ago she experienced several episodes of financial violence, with her husband taking her savings (retirement pension and other earnings) against her will and/or without her knowledge. This situation was resolved when the victim transferred all her assets to her own name. Because of this decision, the

perpetrator's insults escalated and culminated in a particularly violent episode early this year, which led the victim to press charges.

This time, it was her neighbours who called the police. An ambulance took her to the hospital, where she was examined. As soon as she was discharged, she took photos of the bruises on her face and body as evidence and delivered them to the police to be attached to her complaint. But when she came home, she found the door locked. This time she called the police herself. After being warned by the police not to try anything against his wife, the perpetrator let her in. She is now awaiting the court hearing as her criminal complaint is processed.

This episode mobilized this woman into action. She went to the City Council and was informed about the Domestic Violence Victim Support Counselling service, where she is now receiving assistance. Whenever necessary, she goes to the counselling service on her own.

This wasn't the first time she went to the police to file a criminal complaint, however. About two years ago she filed a complaint which, after she and her partner provided their statements at the police station, was dismissed. The victim accuses the agent in charge of not giving the complaint the attention it deserved.

Currently, though living in the same home, they now live entirely separate lives: they sleep in separate rooms; prepare and have meals separately; wash their own clothes and clean their own living spaces; and each has a TV set of their own. But she continues to pay the home expenses (water, light, sewage, cable TV) on her own.

A life filled with hardship and the constant treachery of her partner have made her a woman who is very alert, watchful and distrustful – probably the more so because she can't read.

It is clear that she no longer wishes to live with the perpetrator. But she won't leave her house because she says it is hers and it is the perpetrator who needs to leave.

She had some knowledge about her rights, which she gained from her friends and from television news reports on domestic violence. But it is through the counselling service that she has become more secure and knowledgeable of her rights. Curiously, her perpetrator has also contacted the accusing his partner of being the perpetrator in the relationship.

- Interviewee 2

A 66-year-old woman with a 69-year-old perpetrator. She has been living with him for 38 years.

She had one previous, non-violent relationship. She married a 37-year-old cousin when she was 20. She has a son from this first marriage.

Born in Angola, she comes to Portugal after the April 25 Carnation Revolution and is involuntarily separated from her husband (he is away from home when she and her son are evacuated by the army to the airport). They lose contact for 4 years. She later learns he has started a new life with someone else and they mutually agree to divorce.

Most of her family - a brother, a sister and several nephews - are currently in Portugal.

When she comes to Portugal she is 23 years old and has a year-and-half old son. She lives in special facilities to accommodate returnees from the former Portuguese colonies during her first years in Portugal. She later rents rooms for her and her son.

Because of the difficulty she's having in raising her son on her own, she decides to respond to ads posted by men seeking women for marriage, as some of her friends are doing. She exchanges letters constantly with the perpetrator before she meets him, and when she does, she falls for him.

He invites her to live with him and she accepts. The perpetrator is divorced and has 3 children from his first marriage, but they are in an institution. The children, on their insistence, later come to live with the couple, who agree to raise them together.

At about that time, at age 36 and staying home taking care of domestic duties, she begins to notice that the perpetrator isn't helping pay expenses on food for his children and her son. In fact, it is only after she has moved in with him that she realizes he is an alcoholic and is spending all the money he earns on outings with his friends.

*"Very, very drunk; I only realized after I moved in with him. He would always come home drunk and he would spend the money he earned at the taverns (...). He would ask for advances from his boss and at the end*

*of the month we would only have enough money to pay the rent, the water bill, the light bill and to buy a gas bottle."*

She finds herself obliged to get a job as a housemaid to be able to support her son and step-children.

Two years after moving in with the perpetrator she is forced to marry him on his insistence, and even under threat.

*"[her partner wanted to be a baby's godfather] we went to speak to the priest, and he said we couldn't sponsor the child's baptism because we weren't married... He so obstinately wanted to be the boy's godfather that he forced me to marry him. I didn't want to get married... I said: 'No, let's leave things the way they are because we don't know each other well enough.' I kept insisting until he said, 'If you don't marry me, when I catch you on the street I'll run you over with my car and kill you!'"*

After the wedding, the physical and psychological abuse escalates. At 40 she decides to run away. She contacts a brother living in another region of Portugal, and runs away to his home with her son and step-children.

She begins a new life in this other region. She finds a new place to live and a steady job. Years later she is compelled to quit her job after suffering two strokes, which have left her blind in one eye.

After living alone for eight years, her husband comes to speak to her and, upon the insistence of her sister-in-law in the name of traditional family values, she agrees to accept her husband back.

*"My sister-in-law said: 'Oh, but you have to accept him, because you're married to him. The pair of you are married and it's bad for the children, you two being away from each other...' I said, 'I don't want to!' They insisted so much that he later came to live with me."*

The husband wanted to go back to where they lived before, but she didn't. This was one of the factors leading to the renewed violence against her.

*"He went there to live with me and I didn't want to go back to where he lived, but he kept insisting that I go there despite my not wanting to. Once, out of anger over my not wanting to go, he put bleach in my coffee."*

After a while she becomes convinced it would be best to return to where they previously lived: "After so much insistence I agreed to leave. I came here and the children stayed behind."

The abuse is resumed and becomes increasingly violent: she suffers beatings, insults and threats.

*"Then he would tell me, 'I won't mistreat you anymore, I'll stop drinking, I won't drink anymore. Rest assured I'll do you no more harm.' After I went back with him, the abuse began again; after a while he began to mistreat me again."*

He also makes her give him all her pension money, and spends it all.

*"When I began receiving my retirement pension, he wanted me to give him all the money. I gave him all the money because what was mine was his... There was never any money at home! He would spend it all sometimes with two or three weeks remaining until the end of the month."*

At this point her health is extremely debilitated because of her diabetes and other health problems. It is extremely difficult for her to move about and she is almost entirely blind.

She tries to find a solution to put an end to the financial deprivation her husband imposes on her. She asks the 'Caixa Geral de Pensões' (pension institution) to send her pension directly to the bank instead of sending it by post. But the perpetrator continues to control her money, as he has convinced her to open a joint bank account.

Later, the perpetrator having spent all her savings, she decides to open her own bank account. But whenever the perpetrator knows she has money in the bank, he presses her and sometimes threatens her to give him this money.

*"From that point on, whenever I took out money for home expenses, I would always leave some in the bank. I was trying to put together some savings. When he found out I had saved up some money, he would threaten me, he would abuse me, he would mistreat me, he would try to scare me into withdrawing the money and giving it to him. (...) out of fear, I would withdraw the money and give it to him".*

When she decides not to yield to her perpetrator's threats and refuses to give him any more money, he forbids her to take a shower or cook at home.

*"Our life became a pandemonium. He forbade me to take a bath at home because I refused to give him the money; he forbade me to take a bath at home, he forbade me to cook together with them [her husband and stepchildren]."*

Because of these difficulties, she goes to an older people support organisation and requests that they deliver meals to her home. When her husband begins insulting her again, she again asks the Association for help and is invited to stay at the day centre.

*"But then he began saying, 'Don't wash those dishes from the association here; let the association wash those dishes; go eat at the association, go.' I came here and told them. The lady from the association said, 'Look, we're going to... Would you like to stay here with us during the day?' So I started coming here to eat. After I started coming here to eat, he began to talk bad about my caretaker. He would say: 'Why don't you go over there? Why don't you go over there? Let the man fix you a bed; stay over there with him. Why don't you go over there with him? Go stay with him.' But after...I once complained about him to the police."*

She asks the organisation for assistance in managing her money and keeping custody of some of her assets, to keep her perpetrator from getting to her money. This way she feels much more secure.

Also with the support and assistance of the organisation, she goes to a police station to press charges against her husband. There she is told that her family doctor first needs to examine her and send a letter to the police station. But when she is examined by the physician replacing her family doctor, she advises her to leave the situation as it is, as there are no signs of bruising or violence.

There was also an episode in which, after she had undergone abdominal surgery, her husband struck her on her stitches. When told about the episode, the doctor simply "reprimanded" the perpetrator.

*"( )it was when I had just been discharged from the hospital after an abdominal surgery. He struck the stitches on my belly with his helmet and I had to go to the doctor because I wasn't feeling well. The doctor asked me about it and I told her the truth. I told her he had struck me with his helmet. When she saw him, she gave him a reprimand. When*

*he arrived home, I was lying on my bed facing the closet and he dropped himself between me and the closet pretending he wanted to look at his teeth in the mirror. But he really wanted to fall on top of me or bump into my belly with his butt. I knew what he was going to do so I moved to the middle of the bed and faced the other way before he had a chance to do it”.*

She believes her state of health worsened because of the mistreatment. Currently, to avoid confrontation, she does everything she can not to be in the same room as the perpetrator. She has also adopted a strategy of not responding to his insults and threats; she remains silent when the perpetrator is present.

Both her son and her stepchildren have been victims of mistreatment by the perpetrator. They all support her, but since they don't live in the same house, their support is only given from a distance. Her son also sporadically calls the perpetrator warning him not to mistreat his mother. Nevertheless, she feels her family doesn't give her the support she needs.

*"I've been forgotten by everyone; no one calls me, no one comes here."*

The safety and security she now feels is essentially derived from the support provided by the organisation, especially when they come to clean the house.

She still hasn't left her perpetrator because there are no viable housing options; this is currently her main obstacle. She is now on a waiting list for admission to a care home the organisation is building. "Enough of being mistreated. I want peace for what remains of my life."

- Interviewee 3

A 62-year-old woman with a 60-year-old perpetrator. She lived with him for 40 years and divorced him 11 years ago.

She and the man who is to become her husband are childhood neighbours; they have known each other since she was 9. Because her father disapproves of her boyfriend, she leaves home to live with her boyfriend and his parents. This causes her to become distant from her family.

She starts working at the age of 12 as a seamstress. At 22 she starts her own business with one employee.



About one year later she becomes pregnant with her first child. It is during this pregnancy that she suffers the first episode of abuse.

*"When I was pregnant with my son, I don't remember how the argument started, but he kicked me in the stomach."*

Her mother warns and entreats her to end her relationship and come back home; but she decides to forgive him and the abuse ceases for a time.

A year after her son's birth, she becomes pregnant again. Her husband is soon after recruited to the army and sails to a former Portuguese colony, where he remains for 2 years fighting a war. When he returns, he shows signs of post-traumatic depression.

Soon after he arrives, he develops a relationship with a 14-year-old girl.

After a few months, her husband receives a job proposal and they move to another region of Portugal with their children. A short while after moving to their new home, her husband invites the girl over to take care of the children. The victim unsuspectingly accepts the proposal.

*"I'm going to bring the girl over." And I liked my husband so much that I never suspected. His wish was my command. I'm going to bring the girl over to take care of the kids so we can go out more.*

She is initially unaware that her husband and the girl are in a relationship, until her husband tells her after a month of living together. She confronts her husband and demands that he send the girl away, but he refuses and threatens her with separation and loss of custody of her children.

*"If you tell anybody about this, I'll have to divorce you and stay with her, since she's a minor. That's the law. And I'll take the children away from you because you're not as financially capable of raising them as I am.*

They live together for 7 years and her husband's mistress gradually takes her place as wife.

*"When he started going out with her, he would walk in front with her, leaving me and the kids trailing behind, as if she was his lady and I was his servant. I had an argument with him because of it and when we came [home] he gave me a beating."*

She is frequently forced to watch them having intercourse, and she even suffers abuse by both her husband and his mistress.

After talking to acquaintances about her situation one day, her husband learns about it and commits the first physical violent abuse, forcing her children to watch.

Under threats and promises, they move to another region. She initially believes her husband's extra-marital relationship has ended. Her husband had promised her his mistress would go home to her parents as soon as she turned 18. But soon after they move to their new house, the victim and her children happen upon the two on the street, and they again share the same house for a short period of time.

She again tries to break up the situation, telling her husband she'll leave with her children. But she is again threatened, as she still doesn't have all her belongings with her.

*"If you leave now, you'll leave with the clothes you have here. Because when the container arrives, you'll take nothing with you. Everything will stay here. You're not taking your sewing machine, which is what you'll need to make a living."*

After an outburst of rage against her husband's mistress, in which they exchanged blows, the mistress decides to leave. The victim continues to ask her husband for a divorce, but he refuses.

As regards her children, the girl continues to defend her mother against her father, while the boy increasingly seeks refuge in his own world. At 18, her son runs away from home. Her daughter leaves home at 19 to live with her boyfriend, whom she marries and soon has a daughter with. At this point, this woman reconciles with her family – her father, mother and sister.

Though they no longer share the same home, her husband continues to have a relationship with the other woman. He also has other occasional extra-marital affairs.

Her in-laws then come to live with her and her husband. Her mother-in-law is also abused by her father-in-law, and her husband never intervenes.

*"He was seventy years old and in a wheelchair! But he had strong arms and would beat her when she refused to have sex with him! The man*

*was paralyzed from the waist down and wanted to have sex! So I took my mother-in-law out of his room. But my husband never allowed me to defend his mother."*

Her husband later becomes an alcoholic, which worsens the situation and the episodes of violence. After a disagreement involving the entire family (the victim, her daughter and her son-in-law), they call the police. But when the police arrive they recognize the perpetrator as their friend and are inclined to do nothing. But the victim insists and threatens to report them to their superiors, compelling them to take the perpetrator away.

At this point, she again tries to break away from the relationship. She leaves her home and takes refuge with friends. She again files for divorce, but her husband again tries to dissuade her and reconcile with her.

For a year they remain separated despite her husband's insistence. But she finally yields because of his promises and the financial problems she is facing.

They build a house in another region, where they then live with her mother-in-law. Their relationship continues to be punctuated by episodes of violence, two of which result in the victim going to the hospital.

She requests help from a social worker, who accompanies her to the hospital and files a complaint with the police. She later asks her neighbours to witness on her behalf in her divorce proceedings, as they had witnessed various episodes of violence. But they are reluctant to go, arguing that they shouldn't meddle in a couple's affairs.

She chooses not to respond to her husband's provocations as a strategy for survival, though not a very successful one.

*"I developed a strategy: I would say, 'You want to talk? Go ahead, talk.' Then I would refuse him a reply. He would then call me an ass and say: 'I want you to answer me!' And I wouldn't answer him, and he would beat me."*

Her family, namely her daughter and niece, try to protect her and give her strength to terminate the relationship once and for all. After a particularly violent episode, she again files a complaint with the police. But she is ineligible to free legal support since her tax returns are filed jointly with her husband's

and indicate they are jointly in a good financial situation. However she has no source of income and is currently living on help from her daughter and friends.

She's been awaiting her divorce hearing for a year now.

- Interviewee 4

A woman currently 59 years old, who lived with her perpetrator for 35 years, since she was 21.

They are both agricultural workers and live in her mother's house. After a year they have their first daughter. The first episode of violence occurs soon after the child is born, in the presence of family members.

The aggressions are constant, and the perpetrator is habitually drunk. He comes home drunk every day and begins to complain about everything and physically abuse her.

A few years later, when her children are older, the perpetrator threatens to kill her with a weapon, after first locking the children in a room. The victim defends herself and pushes her husband down a flight of stairs.

After the aggressions, she usually runs away with her children to her mother's house or to an aunt living nearby. Her entire family advises her to leave her husband. But she doesn't because she believes the promises he makes after the aggressions: that he will change, that he will stop drinking and that he will no longer abuse her.

Her children marry and she remains with her husband. He forbids her from talking to anybody, especially other men, and accuses her of having affairs. The aggressions intensify when the perpetrator becomes involved with other women; he now habitually uses a strap to whip her. After the aggressions, he throws his wife out on the street and locks the door. She calls the police, but they do nothing. She spends the night with relatives and goes home the next day.

During the final 7 years of their marriage, the perpetrator would work several months on end outside Portugal. When absent, he failed to send any money for expenses and she was left in a difficult financial situation.

*"But he would head off [to another country] and leave me penniless. () Then he would come back. But when he came back, all hell would break loose at home. He never changed."*

Her husband becomes more violent with age. After a fresh episode of violence, and after her children insist that she not return to her home, she decides to stay with one of her children. She now files a complaint at the police station. They recommend she apply for admission at a refuge, but her children disagree and offer to support her themselves.

She later rents a house for herself, but is threatened by her husband on the street, near where she works (she now has a job). The police often intervene to keep him away. After filing a formal complaint last year, the police confiscated the perpetrator's guns.

Now that she has left her husband, she has gained "peace of mind". But she has to take medication to sleep, because her fear that her perpetrator may reappear keeps her awake. Her worst living nightmare was when her husband poured gasoline on her house when she was living alone.

She now feels happier and calmer for having made the decision to leave. She didn't leave earlier because of her children and her hopes that the perpetrator would change.

*"If I couldn't work, then I couldn't do anything. How was I to raise my children? And how was I to leave? When it comes down to it, I took it as long as I could. Until now. Now that the boys are grown up. I used to think 'Maybe he'll change, maybe he'll change."*

- Interviewee 5

A 61-year-old woman with a 62-year-old perpetrator.

Both she and the perpetrator were agricultural workers on a farm. She began dating him when she was 18 and married him at 25, after he returned from the Overseas Wars (in the former Portuguese colonies in Africa).

*"I worked on a farm. We both worked together. He started to say he liked me and when I was 18 he became my boyfriend; I married him when I was 25."*

The first aggression took place a month after they married; he threw her out of the house saying he had had what he wanted. She was both physically and psychologically abused during their entire marriage.

*"I took many beatings; I was always hungry."*

He used to spend his pay on parties with other women. He would constantly humiliate her. He never saved up money.

Her family gradually grew distant because of her husband's violent behaviour, both toward her and toward their daughters.

She reported a number of severe violent episodes, one of which occurred 20 years ago and resulted in her being hospitalized after sustaining serious injuries that could have left her paralyzed for life. This time the doctors tried to convince her to file a complaint against her husband, but she refused.

In another equally serious episode, a punch in her eye nearly made her blind. After three days in a coma at home, she woke up not knowing what had happened and went to the hospital with her daughters.

She was afraid of her husband and lacked information: "I was behind the times."

She separated 4 months ago, after 37 years of marriage. She experienced violence throughout her entire marriage, although in later years the violence was mostly psychological and financial: he would take her clothes away from her, keep all her savings for himself, destroy everything in the house, prevent her from eating, falsify documents in her name and take her government allowances.

When he got violent she was often rescued by neighbours who would "pull her out of his arms". When her daughters were about 10 years old, he left them on their own on several occasions to commit himself to a psychiatric institution, later to return home.

After all this time she decided to file a complaint, upon the insistence of her daughters, who accompanied her to the police station. After filing the complaint, the police conducted a search and confiscated weapons. Her daughters were the ones who helped her and gave her support.

The perpetrator blames his aggressiveness on the trauma from the overseas wars. He recognizes that he only mistreats his own family, whereas he is friendly to other people.

The victim's way of thinking changed over the years. She had always believed men were supposed to be in charge; but little by little, she learned not to allow them to abuse her.

If she went through the same situation again, she would know who to turn to: the authorities, social security, courts.

- Interviewee 6

A 61-year-old woman who lived in a marital relationship for 35 years.

This woman's life story is marked by episodes of emotional loss – her father died when she was 9, her brother and mother when she was 19, as well as another person she loved deeply.

*"I was born to a wealth family. I lived in comfort and in a very loving and caring environment. But my father passed away and my mother was left with five children. My brother also died when he was 19 years old. My mother remained with us and saw to it that we got a good education. We all got a good education. But when I was 19, my mother passed away. She left me my three younger brothers to take care of, which I did, with all my love and affection."*

She took care of her brothers (with the help of an assistant) and earned her university degree. She began working at age 21 as a primary teacher, a profession she pursued for the rest of her professional career. She retired when she was 57.

Her family was wealthy while her perpetrator's was poor.

*"At first I thought it was trauma from the war. But then I stopped to think about it and realized it wasn't. He had a very strong, peculiar personality that had little or nothing to do with the war. He was very authoritarian, very aggressive. I asked his family about him, and they said he had always been that way. They hid it from me because we were very close. But they hid it from me because I was a good candidate for marriage. It was a very good girl, I had an education and my family was well-to-do."*

Her ex-husband was a friend of her brothers, but her mother had told her he wasn't the right man for her, and was only fit to be her brothers' friend.

*"He was a friend of my brothers and would often come to our house. And my mother...well... you know how mothers are, they see further than we*

*can. She warned me that she would accept him as my brothers' friend [...] but she wouldn't accept him as my boyfriend because she thought he was hiding something. I saw the way the environment was at his home: his father would beat his mother, his uncles... many uncles... they would all do the exact same thing."*

Their relationship begins by correspondence when he is fighting the Overseas Wars. They exchange letters daily. She marries him at age 23.

*"When we went on our honeymoon the violence began: first verbal abuse, followed by sexual violence than physical violence. Because I didn't want to tell anybody, in a short while I felt utterly destroyed."*

For the first three years, while their house was under construction, they lived in her family's home, together with her brothers. There the episodes of violence were frequent, but behind closed doors.

Now, when she looks back, she perceives the first signs of her ex-husband's aggressiveness and violence during their honeymoon (he yelled at her). He became truly disrespectful when he declared himself owner of her belongings and property. The first act of physical violence occurred three months into their marriage; the most violent episode occurred when her first son was nine months old; and the last episode occurred a few days before she left home (to stay with friends).

After particularly severe episodes, when she had to go to the hospital or a healthcare centre, her husband would accompany her and warn her that if she said anything she would soon be back in the emergency room.

During her 35 years of marriage she experienced various types of violence: physical violence, sexual violence, financial abuse, intimidation, coercion and threats.

She was a woman who worked diligently at home to keep everything impeccable (the house, food, clothes, etc.); she would often rise at 4:30 in the morning to ensure everything was ready when the morning came.

Her ex-husband's family only told her that he had always been violent years after they were married; her mother-in-law was also abused by her father-in-law.



She tried to protect her children from the violence by minimizing what her husband did and teaching the children to avoid conflicts (for example, they would have dinner twice); she would often take the blame to spare her children.

During their annual vacations things would calm down. The calmest period was when her husband was under psychiatric treatment (when he was 57) and taking medication; this period lasted about 3 months.

Determined to end her relationship, she went to a large city one day to find a lawyer. On her lawyer's advice, she went home that evening to prepare to leave the next day to a refuge. When she arrived at the refuge, she called her son to tell him she had left home. Her ex-husband thought she had committed suicide and went to the police to report her missing.

She spent about a year and a half at the refuge and then moved to another safe house where she remained another year and a half. She now lives in a house with an alarm system, 200 meters from her former husband's house.

The people in her neighbourhood support her, though during the trial many of her friends said they had seen nothing (which was a lie).

The day the verdict was read, she arrived home, took a photo of herself in her hand, kissed it and said, "You are a great woman; I like you again." She now feels free.

- Interviewee 7

A widow of 66. Her perpetrator is her former boyfriend of 74.

She was raised by her uncles from the age of 12 to 22. They had promised her parents they would give her a better education. But she experienced much hardship and it was by sheer effort that she learned how to sew and later took a social worker course.

*"I never knew what it was to be a child; I never knew what it was to be a woman. Or rather, I became a woman prematurely."*

She married at the age of 23, after dating her boyfriend for six months. It was love at first sight, but she was also confronted with a paternity situation involving her husband.

*"A month before the wedding my husband stopped visiting me. I said 'Oh well, I guess it wasn't meant to be.' I thought, 'I guess it's not going*

*to happen". He then wrote me saying he had something to tell me. He had something to tell me and I had to decide. I became worried because I didn't know what it was. He said that when he was in the Army he had fathered a child with a prostitute."*

Her future husband was living with his parents in Angola. He comes to Portugal for a wedding "arranged" by his parents. But after arriving in Portugal, he falls in love with the victim.

After they are married, she goes with her husband to Angola, where she finds it difficult to adapt to living with her parents-in-law. Her husband is a very difficult person to live with – very closed and brusque – and she begins to feel lonely.

*"He was always upset at his parents and would take it out on me. He didn't beat me, but what he did was what you could call mental violence."*

Two children are born of this relationship.

They return to Portugal with their children in 1976, following the decolonization process. Their return is marked by relative poverty, which causes her husband distress and frustration. They go through a number of jobs while trying to rebuild their lives in Portugal. Her professional career is marked by emigration: she first works in Germany for three months, then returns to work at a cooperative in Portugal, then emigrates to US where she works as a housemaid.

*"I worked so, so much. I always helped him every way I could. [crying] I worked hour after hour. I had no time off on Sundays or anything."*

During this unsteady period in her professional career her children live with their grandmother in Portugal, while her husband works aboard a ship. She manages to obtain green cards for her entire family in the US, so her children and husband join her there. She works as a housemaid for various employers and her husband finds a job in the home repair business.

Her marriage was always difficult, but there were never episodes of physical violence.

*"Nothing was ever good enough for him – ever. I lost a lot of my friends because of him. Even though people pitied me, they would eventually distance themselves from me because of the way he was."*

*"I was with my husband... it was my husband... I loved my husband! He was the father of my children and I adored him! I married him truly out of love! And I kept forgiving him because I knew he had grown up in an unloving home; I knew something had happened in his childhood."*

Her marriage lasted 34 years, until her husband's decease. After his death, she returns to Portugal to take care of her mother and mother-in-law, but often visits the US to be with her children and grandchildren.

In Portugal she meets another man at a older people's ball.

*"One day he invited me to dance. And from then on every time I went to the ball, he would never let go of me. That's how it started."*

She begins dating this man, but soon notices he is an aggressive person and exhibits strange behaviour. He makes awkward, brusque gestures in everyday situations. But she also feels sexually abused/ravished because of the violence and frequency of sexual intercourse.

Little by little, he tries to intrude into her life, especially her business affairs. Noticing that something is wrong, she terminates the relationship after only one year.

*"One fine day he calls me...after a few days... he calls me to verbally abuse me. He called me all sorts of names. He called me a bitch; he called me everything you can imagine. He said, 'I've had my eye on you for a long time! I've had my eye on you! You're a naughty bitch! I've had my eye on you for a long time.'"*

The perpetrator refuses to accept the end of the relationship and commits a series of violent acts: telephone calls, threats, stalking, keeping watch at the door of her house and firing gunshots toward her house.

*"He would pass in front of my house constantly. I was so afraid, so afraid, so afraid!! Even my neighbour said, 'he's acting really weird today!'"*

She goes to the police for help a number of times, but her complaints are never taken seriously. She also goes to a women's association for help.

*"Since [a month in the 1<sup>st</sup> quarter of the year]! He started a war, we started war in [the last month of the previous year] and in [the 1<sup>st</sup>*

*quarter of a certain year] I asked for help here. My son and my mother-in-law also came here!"*

She filed a complaint at the Public Prosecutor's Office in the middle of the year, as well as several complaints at police stations, but they never considered there was enough evidence to qualify the perpetrator's behaviour as domestic violence.

One day, the perpetrator is stalking her on the street and her son intervenes to defend her. The perpetrator murders her son before her eyes, at point blank. He is arrested (after a few days) and is currently awaiting trial. Her perpetrator is still convinced that the victim will return to him and that her son was an obstacle needing to be moved out of the way.

This woman feels she was only supported by her mother-in-law and friends; she feels she was never taken seriously by any of the institutions she went to for help. She even considered the possibility of being admitted to a refuge, but she was told it would be difficult because of her age.

#### **6.4.2. Living with violence**

These seven, now older women have different life stories, but all marked by acts of violence perpetrated by their (ex-)husbands/partners throughout their lives. Their stories contain similarities and singularities, some of them characteristic of certain periods, locations and social-economic contexts. They are stories that tell of decades of terror in the victims' households. They are stories of true cohabitation with violence.

It is readily apparent that intimate partner violence against older women is a product of socio-cultural construction of gender relationships. Not unexpectedly, for some of these women, their perpetrators have been the only men in their lives.

*"I began dating him when I was seventeen. He was the only man I had ever been with. I always respected him because back then things were that way. I married him when I was 23. I thought he really was the man of my life, the right guy. He was dynamic, communicative and I thought he was sweet" [Int. 6, age 61].*

*"I dated this man; I waited for him; I married him; I knew no other man. He was the man that I knew, that I liked and that I loved. Sometimes I still feel sorry for him because he's the only man I've ever*

*been with! He's the father of my children...but with the abuse, I just couldn't live with him anymore." [Int. 5, age 61].*

The perceptions they had of their future husbands were cultivated during their dating relationships which, though seemingly ideal, were in many cases short-lived and characterized by the geographic separation of the couple.

*"I got to know my boyfriend only very vaguely because he was in the army and was constantly travelling from place to place – here in Portugal – but always very far. He would come to my house practically once a month. And when he did come it wasn't like it is now, where you can be with each other all day and night and go to night clubs. We talked very little and before I knew it he had to leave again. But then he was sent to the Overseas Wars. He would send me aerograms or letters every day. Every day he would send me aerograms or letters. Mostly aerograms but, well, he really wanted to write letters every day. And I wrote him as well. It felt as if we were truly Romeo and Juliet. It was all so Romeo and Juliet" [Int. 6, age 61].*

In some situations, their expectations for their husbands and relationships are soon shattered.

*"I soon noticed that the love expressed in his letters...well...it was before 1970. At that time we couldn't kiss and hug all the time. But I had thought that after getting married, in our honeymoon, it would be all hugs and kisses. That was what I dreamed of when I was single, because that's what my friends told me it was like. Ooh! But after it was done, that was it; he no longer wanted me near him. I thought it was strange. I thought his coldness strange. And that's the way it went." [Int. 6, age 61]*

*"A month after we were married, he threw me out on the street. 'You can leave now! You can leave now, if you want to. I no longer need you! Because the best part... The best part I've already gotten from you. What's left...well you can let the dogs have it.'" [Int. 5, age 61].*

The first episode of violence, or rather, the first they refer to as such, is in most cases physical, though two victims were able to read the signs in the first episodes of psychological and verbal abuse.

*[she had lent her hat to a friend] "I was already terrified of him! And after only three months. (...) I still remember that day. He was so mean, so mean, so mean. Because of my hat – a hat that I didn't need*

*anymore. I then burnt my dress, I burnt my hat, I burnt everything! Because they meant nothing to me anymore. After so little time. (...) And then [he] said 'Have you lent your hat?' (...) Then he shoved me against the walls, against everything. He started shoving me, and so soon. [...] He was so, so, so mean, and so soon. Very violent." [Int. 6, age 61].*

The moment when the violence escalates from verbal and psychological abuse to threats on their lives often passes unnoticed.

*"There were threats. There were constant threats. Threat upon threat. (...) He started firing shots in my house every week. (...) Every Friday, at two or three o'clock in the morning, I would always hear two shots." [Int. 7, age 74].*

In one case, the first episode of violence takes place when the victim is pregnant with her first child.

*"It was the first time he had touched me. I flung myself at him: 'I will not allow you hit me! My father, who is my father, hit me only once as far as I can remember. You're not my father. Remember I'm still the one supporting you because you can't seem to hold a steady job. I forbid you to touch me.' And that was it." [Int. 3, age 62].*

In some cases, the first years of their relationships are very positive.

*"It was very good. He would never go anywhere without taking me, no ma'am. (...) But then he gradually stopped going to the supermarket with me; he stopped going out with me and my sisters; he stopped going with me to A. From that point on, we began to grow distant; we never went out together any more. He began to live his own life." [Int. 1, age 76].*

In other cases, the violence begins during or immediately after their honeymoon.

*"But I then realized that the truth, which he himself admitted, was that he had married me because I was well-to-do and because I was a teacher. He told me the very day we arrived from our honeymoon. I was shocked. I cried all night. But because I liked him so much, I thought, 'Well, since I'm a sweet girl, a very sweet girl, and we're well off, everything will be fine. That's what I thought. I continued to like him, of*

*course, for a while, even with the abuse and violence. Since I'm a level-headed person, I tried to make everything work out. But I wasn't able to, because he would spend all his money, spend all my money and it was never enough for him." [Int. 6, age 61].*

Only one woman reported violence in dating relationships when she was already an older woman. She described her relationship as being punctuated by monthly fights.

*"Every month we would have an argument. Every month we would have a fight. It was like clockwork. And it was always over the same thing. He would tell me 'You're so strange. I've never been with anybody as strange as you.' Then I would say, 'Well, if I'm so strange, why don't you find yourself someone better? Why don't you find yourself someone to make you happy?'" [Int. 7, age 74].*

Some women reported typical perpetrator-victim relationships, characterized by episodes of violence followed by so-called honeymoons.

*"The only good thing about him was that when he was done venting his anger, after ten minutes, everything was well again. Do you understand? I felt hurt. But he would beat me and then be sweet to me and walk back to me. He wouldn't leave without giving me a kiss, and he would kiss me again when he came home." [Int. 3, age 62].*

But there are few situations in which good times alternate with bad times in their relationships.

*"We had good times; we had bad times. I covered it up, not to... I was about to leave him. Because there was no one here. For his family's sake, I let it draw on." [Int. 1, age 76].*

Verbal and psychological violence are generally continual.

*"It's all the time. I'm a slut; I'm a thief. I'm stealing from him every day. And he's going to take my Social Security away. And he wants to have some one else there to take care of him, and whatnot. I give him no reply. I give him no reply. Nothing." [Int. 1, age 76].*

In some situations, the psychological violence is described as being the worst type in many cases (regardless of the severity of the physical violence).

*"Because sometimes what hurts most is not the kicking. It's the humiliation. And they do it to destroy us. It just destroys us. It destroys*

*us more than having to get up three times to serve the monster, bring the same plate, the same cup and the same silverware." [Int. 6, age 61].*

In all cases, soon after the first episode, violence became a constant in their relationships.

*"From then on, Doctor, I don't know what happened, I don't know what didn't happen, but he would beat me for everything and for nothing. (...) Even in front of my mother. My mother, poor thing, when she was already old. She wouldn't do anything. She would normally cry until she could cry no more." [Int. 4, age 59].*

*"He started beating and beating me and from then on he became addicted to battering me; he never stopped. He began to constantly hit me, shove me. My back and head would be thrown against the floor..." [Int. 2, age 66].*

*"I've been severely abused; severely abused. I've had to go to the hospital and everything [Int. 1, age 76].*

There are other episodes of violence best told in the victims own words.

*"We were in the room, and he had a blank gun in the drawer and we were all in the room, but just playing with the kids. He put the gun to my ear and I hear a huge bang. My whole body shook, and I didn't become deaf by a miracle. I could have become deaf!" [Int. 2, age 66].*

*"He would hit me with a strap. 'No, stop hitting me!' Stop hitting me.' 'Then what are you going to do?' 'I'm going away!' 'Are you going away? No you aren't!! You're not going anywhere because I'm locking the door.' 'Don't lock the door or the next day I won't come back home.' He would often throw me out on the street and lock the door. It was his habit to beat me, throw me out on the street, then go in and leave me on the street, crying." [It. 4, age 59].*

*He would hit me, kick me all over the place, wiggle me and shove me under the beds with my body striking everything around it. He would hit me with anything he could lay his hands on. [Int. 5, age 61].*

The abuse is nearly always perpetrated inside the house. "He always mistreated me inside the house. When I managed to escape his grip I would open the door wide. He would then close it and I would open it wide again and struggle with him to keep it open." [Int. 1, age 76].



Though in most cases the first acts of violence occur behind closed doors, in one case it occurred in public in front of other members of the family.

*"A while later my brother-in-law arrived with his wife and children. And, Doctor, I don't what did or didn't happen. I didn't see. All I know is I looked at my watch and said: 'It's late. We have to go because of the girl. It will later be too cold and she'll get sick.' I don't know what got into him. He just started beating me. That was the first time he hit me before. (...) So my brother-in-law said: Hey! What did you do that for? What are you hitting her for?' 'I have my reasons.' 'You mean if you were here alone with her you would beat her anyway?' 'That's why I brought here! Because we were living with my mother. It's so my mother won't notice.'" [Int. 4, age 59].*

Sometimes the couples lived in their parents' homes and there was violence between their parents, which the perpetrator would consider excusable.

*"They lived in the room next door and my father-in-law would beat my mother-in-law at night. And I would tell my husband: 'I'm getting up because your father's beating your mother!' 'My mom is the one who needs to shut up! You have no reason to go there. It's between them'" [Int. 3, age 62].*

In some cases, even in situations where they cohabited with other members of the family, the sexual violence would always be committed behind closed doors.

*"But since we slept in the same house, the rooms were adjacent, and of course they could hear me being beaten on the head. They could hear me screaming and him telling me to clean the walls before I went to bed because they were full of blood."*

*"In front of my children, he would only give me a shove or two, but never any real beating. The beatings were when we were alone – and thankfully at that – because at least the children were spared. But when I had to go to the hospital, then they finally found out. But I hid it as long as I could. I kept everything secret. That's why even today they still don't know everything." [Int. 6, age 61].*

The violence in many cases got to a point where the perpetrators would engage in extramarital intercourse in the presence of the victim.

*"It was like that all the time. I was constantly seeing them kissing each other. Oh, I would cry in my bed with them having sex beside me! (...) Then in the morning I would wake up and they would be having sex."*

*Two or three o'clock in the morning, on my bed. (...) I told him a number of times, 'I don't want this here. I don't want this!' 'You shut up! Do you want to make noise and wake up the children?' And it was always that way; I had to hide it from the children. I at least had to protect them." [Int. 3, age 62].*

Polygamy was in this case a recurring practice and obviously triggered episodes of severe violence.

*"At one point... I was on the first floor... at one point I nearly fell down the stairs after he shoved me. Then he came down and started undressing me and acting scandalously. I said, 'What's all this for? If you want to live with her, go ahead and live with her. Just leave me in peace. You can't have the two of us.' 'But I want the two of you. I want both of you. Because you're the one I like; she is just a responsibility, nothing more. You are the love of my life.' I said: 'No! I could never be the love of your life. The most I could be is your maid, nothing more. Because when you like someone you don't do what you've been doing to me all these years." [Int. 3, age 62].*

All interviewees reported adulterous behaviour by their husbands/partners (except the one boyfriend).

*"He would hang out with them and then mistreat me. He would then become even worse. He would beat me even more." [Int. 4, age 59].*

When the perpetrators' adultery is detected, the resulting confrontations often culminate in acts of violence.

*"I had an argument with him because of it and when we came [home] he gave me a beating. (...) He called my children, grabbed me by the neck, then turned to them and said, 'I'm killing your mother today.'" [Int. 3, age 62].*

Episodes of sexual violence were also mentioned.

*"So it was so he could have sex with me and he would do it all the time, verbally or psychologically. (...) against my will... and I saw what he wanted and asked him to do it lovingly and gently. But his love and gentleness came in the form of a big smack." [Int. 6, age 61].*

Some very serious episodes of physical violence are followed by negligence and abandonment of the victim in a debilitated state of health.

*"After three years of marriage (...) he gave me a huge smack on the head... I knew it was a smack because if it wasn't, it could only have been a gunshot at my ear. I lost my senses for about 20 hours and when I recovered my senses it was already the next day. (...) He was sound asleep on his bed and when I recovered I was on the floor. (...) I was in the bathroom when he hit me so he must've dragged me. He hit me in the bathroom...our room had a bathroom... he hit me in the bathroom and dragged me to the room. I started recovering my senses and trying to get up, but I kept slipping. So I started trying to figure out where I was and what had happened. I thought it was one o'clock in the morning or so, because it had happened right after dinner. But then I saw the sunlight streaming into the room and I saw a puddle of blood on the floor [Int. 6, age 61].*

*"I'm here in the bed suffering, but I'm going to the living room to lie down on the couch.' As he said that, he pulled me like this and gave me a punch in my eye. My eye popped out of its socket. It popped out. All I can remember is that I said, 'You're going to kill me!' And then he said: 'I sure hope you die!' So I was left there... all I know is that after three days I woke up. My eye was all black and popping out... He didn't take me to the hospital and he wouldn't let the kids in to see me. He wouldn't let my daughters into the room to see me." [Int. 5, age 61].*

They also reported episodes of severe violence perpetrated in public.

*"He hit me and I jumped out from the first floor. I went to a bus stop behind our house. He then ran around like a mad man looking for me until he found me in the bus stop. He started calling me all sorts of names, saying that I was hanging out with this guy or that guy. I simply wouldn't reply. I pretended I didn't know him. Then he started grabbing me and trying to strip me to force me to go home. He took my shirt off and I had to use my arms, like this, to cover myself. But then he started getting really violent. We got to the middle of the road and he dropped me to the ground. 'Either you come home or I'll put an end to you right here.' And I said: 'I'm not going home. You can kill me here, but I'm not going home.' 'Oh yes you are.'" [Int. 3, age 62].*

In addition to the physical, psychological and verbal violence reported by all interviewed women, financial violence is also present in all cases.

*"I would live on what he was willing to give me, even out of my own money, since we had a joint account." [Int. 6, age 61].*

They are also women who feel tricked and financially exploited by their husbands/partners.

*"The first pension money I got... at that time I had no [bank account], I had nothing, and he said: 'Look, you haven't opened an account. I have an account open and you can put your money in my account.' I suspected nothing; I was so naïve at the time... [Her son needed some money and she gave it to him] He was so angry that I had given the boy a hundred quid for him to go [to another country] that he went to the bank and withdrew all my money. Everything! He left me nothing! (...) I still don't know what he did with it." [Int. 2, age 66]*

For some women, the financial abuse also included the perpetrator depriving them of his own earnings.

*"That man would come home and wouldn't give me any money, not even a cent, to buy food for my daughters. I would work to feed my daughters and feed him. Everything he earned he kept for himself!" [Int. 5, age 61].*

Not only were they deceived, they were also threatened over financial matters.

*"He said: 'If you don't start giving me 20 quid every month, I won't let you touch anything in this house. I won't let you take a shower, wash dishes, wash your clothes or anything else. You can take them to the retiree association to have them washed there. Since you're eating with them, they might as well wash them.'" [Int. 2, age 66].*

Financial violence and deprivation were experienced by six of the interviewed women.

*"He would manage all the money. At first he said we could put it in a joint account, because that way we could manage our money better. We would put it an account and set aside a little money for home expenses, and if that wasn't enough, we could withdraw more. And I trusted him. I trusted him because I loved him. (...) Since he spent all his own money, since he spent all of my money, it was never enough and I had to return to home base [her family's home]" [Int. 2, age 66].*

*"Everything went out of my money. The money I earned was for everybody and for home expenses and what he earned he stashed in the bank. And I thought there would be a bank account that was also mine. (...) Only later did I learn that I had nothing! I had not a single cent (in a*

*hushed tone), nothing. I had no money and didn't know if he had any."*  
*[Int. 5, age 61].*

*"He now knows I've figured out his schemes. He would take all my allowances; he would steal all my allowances. (...) When I got there, he had taken all the money. He had transferred it to his account. That's when I found out all the accounts were in his name. I don't have a single cent. [Int. 5, age 61].*

Some women reported that their perpetrators intentionally opened their private letters, infringing on their privacy.

*"He would open and read all my important letters and then paste the envelopes closed and place them back in the post box!" [Int. 1, age 76].*

*"He opened the letter and read it. This, according to the law... opening my letters is a crime. It's a crime." [Int. 1, age 76].*

Violence was also perpetrated against other members of the family, especially the victims' children and stepchildren.

*"The oldest children were his. He never put a finger on the youngest. But my son suffered a lot with him. (...) One time he picked up a broom and hit the boy's arm with the broomstick. My son screamed in pain. He took my boy and struck him on the bone like that because he was playing with a stick and going like this on the clothesline. I said: "Don't do that or you'll break the clothesline and we won't have anywhere to hang our clothes." My husband was overhearing our conversation quietly. And he suddenly appears with a broom in his hand and – wham! – on the boy's arm." [Int. 2, age 66].*

*"He beat the oldest a lot. The youngest not so much - he would make him suffer in a different, very violent way". [Int. 6, age 61].*

Some of the perpetrators described here committed acts of extreme violence even in the presence of young children.

*"One day he grabs a pistol or whatever it was he had (...) he said, 'I'm killing you tonight!' He grabbed the kids and locked them in a room – the girl in one room and the boy in another. The poor things were crying. And I said 'Hush, kids. Don't cry. Don't cry or (...) And he said 'Shut up.' And I just heard them saying 'Oh, mommy! Mommy!' 'Hush, kids. Don't cry. He won't kill your mother; he won't kill her. Just sit still. Don't scream. Don't scream. Don't cry. And what did I do? What was the only thing I could think of doing? Since he was drunk, he started*

*grabbing my breasts. The house had a flight of stairs so I shoved him and he went down the stairs. I don't know where the gun ended up."* [Int. 4, Age 59].

Violent behaviour happened even when the children and/or stepchildren had reached adulthood. In other words, the perpetrators were indifferent to the presence of other adult individuals, since, to a significant extent, the behaviour was also aimed at them.

*"My son was already working by that time and he said: 'Right you, now, when you get your pay, you hand over twenty contos (20 thousand escudos) to help out at home'. But, at the end of the month, the bosses didn't pay and my youngest didn't give any money, he didn't have any, so he couldn't. He thought that my youngest was keeping the money, or that he was giving it to me instead of to my husband to help with the household expenses. So what does he do? The youngest gets home, (...) to go and lie down and rest after working all night. My husband was having breakfast, he got up from the table put on the stereo really loud in the corridor and my son went to have it out with him. I had a knife lying on the table that I used in the kitchen to cut meat and stuff. He picked up the knife and went straight for my son with the knife. [They fought for a long time, first with the knife and then with a piece of wood]. Then they started dragging each other around, wrestling with each other until they came to the bedroom and both fell against the bed, my son pulling the piece of wood one way and him pulling the other way. My son pulling one way and the piece of wood hitting him on the stump of his leg and he didn't make a fuss, it went on hitting him and hitting him until he saw he couldn't take any more and he let go of the piece of wood" [Int. 2, 66 years old].*

The experiences with violence thereby become collective, affecting the whole family.

*"And not even I did anything to annoy him. The kids were also really, really scared - both me and the kids. And fear is what we got - fear. Terror! Terror is the most appropriate word. And so we all behaved really, really well" [Int. 6, 61 years old].*

*"And he started to hit the little one [daughter]. 'Tell me where your mother is!' And she never opened her mouth. Until from down where I was [hidden in a part of the house] I said: 'Don't hit the little one, I'm down here!'" [Int. 3, 62 years old].*

*"My son was afraid of my husband. Whenever we fought my little girl would get in the middle and beg for her father not to hit me. And my son would run out into the street because he was scared of him" [Int. 3, 62 years old].*

*"They suffered a lot, they saw their father beat me up, kick me all over and they would run and hide under their beds" [int. 5, 61 years old].*

But children and step-children often end up playing an active role, seeking to protect the victims.

*"Once he grabbed me, kicked me out of the bed room, went back in and locked the door from the inside. At that time there was a sofa in the corridor, so I curled up on the sofa. His son had gone out and when he came back, he saw me lying on the sofa; he said to his father, kicking the door: 'Hey dad, this woman lying on the sofa out here is like a mother to me! Why have you shut yourself in your room and left her out here lying on the sofa in the corridor? Is there an explanation for this?'. [The father answered:] 'ah, we'll talk about it tomorrow, we'll talk about it tomorrow!'. He went back in the room, locked the door and I ended up staying out there. I spent the whole night out there" [Int. 2, 66 years old].*

*"They used to defend me! The youngest defends me even today!" [Int. 2, 66 years old].*

A large part of the older women interviewed is unable to identify any factor as a cause of the violence, especially in relation to the first episode of violence.

*"I don't know, sometimes I would go out and would forget my keys, so I would knock on the door. As soon as he opened the door he would start to hit me, just like that, out of the blue, without saying a word, without asking me anything, without giving me any reason whatsoever for why he was hitting me. (...) He would hit all over, then he would call me names, he would offend me with horrible names that were hard to listen to" [Int. 2, 66 years old].*

In some situations (int. 3 and 6), there is concrete support from close family (fathers and mothers, brothers and sisters) for the women to put an end to their marital relationships.

*"My mum went round to talk to me: 'And come home. Leave him. We told you. And come home'. But I'm pregnant. 'we can raise the baby, don't stay with him'" [Int. 3, 62 years old].*

And some women (int. 3, 4, 5) tried to run away from home a number of times. Most often they would run away to the houses of close relatives.

*"Almost always to my mother's. Other times to my aunt's. I would head for whoever lived closest" [Int. 4, 59 years old].*

*"I've always lived with a lot of violence, lots of beatings, lots of beatings... I even jumped with my baby girl, my oldest when she was three months old, out of a window: I put her on the window ledge, so I could jump out and run to my mother-in-law's house. He would beat me black and blue, he would shut the doors so I couldn't get out. I would put my little girl on the window ledge so I could jump and then grab my little girl. I didn't die because I couldn't allow it to happen! Because my little girl could have fallen!... A life of suffering my whole life" [Int. 5, 61 years old].*

The support they received from these family members was mostly aimed at breaking up the relationship.

*"My aunt used to say all the time 'Leave him, girl! Leave him! You're suffering so much! Leave him girl! Leave him!' 'I can't leave him aunty. It might get better, it might get better! It might get better!' And so on, and it never got better" [Int. 4, 59 years old].*

The sons and daughters, in almost all the cases, consider that the mother's leaving and the breaking up of the relationship are the best option for the mothers.

*"But the boys started saying 'But what are you still doing there mother? You're suffering so much where you are!' I say: 'Leave it son. He might change! Wait and see!' He might change, just wait and see. And that way the years went past" [Int. 4, 59 years old].*

But the attempts to leave home were based on immediate need and marked by the return on the following day.

*"And I grabbed my kids, I went to the bedroom, grabbed children and ran away to my mother's place. I ran away to my mother's place, (...) I stayed at my mother's that night, but on the next day he came to get me. He would always come to get me" [Int. 4, 59 years old].*

And even in cases where the relationships are marked by break-ups, the violence seems to be never ending.



*"(after the third break-up and third reconciliation] after being here I ended up twice in the hospital. I went to the church to ask for help from the social worker and they took me to the hospital themselves. That time I was black and blue. I spent the night at home and left on the morning of the following day. He had gone out because he was still working" [Int. 3, 62 years old].*

A number of episodes were narrated where the violence was also practiced by the woman against her partner, in response to his behaviour. In other words, we are also dealing with aggression perpetrated by the woman as a consequence of an act practiced by their partner.

*"[a friend] once showed up [at work], that I hadn't seen for ages, saying "I don't have anything to eat, I left my husband, I don't know what to do, I don't know what to do". I said "Hold on, I live in a bedsit, I don't have anything there, I eat here, I don't have anything there. I just have some tinned tuna". I took her home with me. My room was in the front, a bedsit for a couple. I told him "This is my friend, as if we were sisters" and all that. [...] And he said "Alright, go in the kitchen, get a tin of tuna and cook some potato". And off I went. I trusted him. I hadn't been with him for long and I trusted both of them. Then I heard my landlady saying "Go and look in your room, go and look in your room". At that point I should have done to him what I did to her. She was in her panties on the bed and he was almost... I grabbed her by the arm... but this was years ago... I grabbed her by the arm and kicked her out in the street and I hit him over the head with a chair. I should have done [to him] what I did to her. [...] Well. That's destiny" [Int. 1, 76 years].*

But a lack of understanding regarding the reason why the abuse and mistreatment were perpetrated against them persists in all of these women.

*"I suffered so much abuse, so much bad treatment, I had only ever been good to him, I only done good, looked after his kids, I did everything for them. (...) What for, what are the reasons for him doing what he did to me?!" [Int. 2, 66 years old].*

*"I don't deserve it! I don't deserve it! Because I've always treated him well. Obviously we had our rows. (...) I can't find an explanation!" [Int. 1, 76 years old].*

The reactions of the women, in the wake of the acts of violence, were a mixture of feelings, mostly relating to their impotence given the financial difficulties of leaving home and the social support responses that were inexistent at that time, along with the need they felt to continue living in the family home.

*"Look, I had to pretend. I had to cover it up, because I didn't have anywhere else to go, I didn't have anyone else to turn to or give me support, I didn't have anything... I had to pretend. Later, after a while, I pretended that everything was alright between us, just so he wouldn't kick me out of the house" [Int. 2, 66 years].*

*"I was very behind the times, I stayed because I was very scared of him. He used to say he would kill me! 'If you tell anyone I'll kill you'. I had my little girls at that time..." [Int. 5, 62 years old].*

This impotence was so great that many of these women found themselves facing attitudes of despair and hopelessness that would often bring them to the point of considering suicide as being the only way out.

*"(...) and it went on crushing me more and more. To the point of suffocation and making me think that was no life worth living... To the point of thinking, not just dozens, but hundreds of times of committing suicide. Whenever I picked up my kids to say goodbye to them... I just couldn't do it. Thinking about taking one here and the other one there. Saying I was going out. But, looking at those little faces, kissing me and hugging me, I would start crying. I would tell myself 'No, I'll stick with it. Who knows, it might change, it might change!'" [Int. 6, 61 years old].*

*"There were some orange trees out in the yard and there was a rope, a rope waiting there... ready to hang me! It seemed like such a good idea to go there and get it over with!" [Int. 5, 61 years old].*

There were also accounts of episodes where the women reacted to the verbal violence and insults of their husbands/partners.

*"When he used to call me those names, I would answer him 'Go and call your mother a whore. She's the one that's a whore! [...] But not me. Everyone around here knows me and you know exactly who I am'" [Int. 1, 76 years old].*

However, the reactions of the women to the violence often led to more violence.

*"At the house of some friends of ours, it was after dinner and he was sitting on the sofa with the man of the house and I was helping tidy up the kitchen, he jumped up from the sofa, told me he had hated me for*

*more than thirty years and grabbed me by the neck until everything went black. The idea was to kill me, telling me how much he hated me, hated me. That he was going to kill me. He squeezed so hard that the couple had to try and separate us because he was really trying to keep his word. (...) That was the first time I ever did it, because to be honest... I couldn't take it anymore, I couldn't take it anymore, couldn't take it anymore" [Int. 6, 61 years old].*

Thus being so, they ended up developing a number of strategies to survive the constant verbal and physical violence.

*"[the kids] used to say 'Hey mum, how do you manage to eat, [...] how can you eat after all the names he called you? After all the things he said to you!' 'To me? But I didn't hear anything. I was watching television, I was so glued to the television that I switched off. I turned off... the switch. As if it was a switch. But they... they never managed to do that"[Int. 6, 61 years old].*

Later, backed up by the organisations that gave them support, some women develop strategies for confrontation aimed at their own personal autonomy.

*"I'm not here to give anything to you! I will leave it all, I will leave it all, I will only clean what is mine. Nothing else! That's all I have to say. And I never touched his clothes again, because I'm very [...]. It took a while, but it had to happen!" [Int. 1, 76 years old].*

The help and support that these women received during the course of their lives was often from informal networks of friends.

*"The money would all disappear and I got to thinking: 'what can I do about this?' There are days when we go hungry. I want some shoes, I can't have them, I need clothes, I can't have them, all the money just seems to disappear. Later, a neighbour advised me to go and talk to the social workers, so that instead of sending me my giro (welfare cheques) to my home letterbox they would send them to the local bank. From then on it was only on my name and he couldn't touch my money any more" [Int. 2, 66 years old].*

*"And he turned around and came back to come in, but he couldn't get in because the latch was on and he couldn't open the door. So he said 'Ah! So you won't open the door? I can't open it... I'm going to get a pick axe to break the door down!' As soon as he went off to find a pick axe, I ran away to my neighbour's house. To my neighbour's house. When he*

*came back and saw that I wasn't there anymore, and the door was open, he went to my neighbour's house. He came right in, didn't even ask if he could come in. But I was hiding inside her wardrobe. 'I know you're here! Answer me!' And I didn't make a sound. My neighbour said: 'Get out of here or I'll call the police. You can't just barge into my house whenever you like'. So in the end he left" [Int. 3, 62 years old].*

A few decades ago, cries for help in the street from a beaten woman were rarely attended.

*"I cried for help. I shouted out in the street. For someone to help me. But no, not even my neighbour, or anyone else, wanted any trouble in those days. Because who wanted that sort of problem? Nobody!" [Int. 4, 59 years old].*

But, even in more recent times, we witness the passivity of third parties and, consequently, their complicity with what happens.

*"Everyone saw it but nobody got involved. Nobody got involved, nobody came to help. Nobody came to help. He grabbed me by the arm and dragged along the ground. Hurting me. Until he grabbed me here and pulled me to my feet to take me home. In front of my house there is a shop, it's not so busy anymore, but there used to be trucks there from [...]. And they also used to just stand and watch without doing anything" [Int. 3, 62 years old].*

It was mostly the medical services that these women used to seek help in those days.

*"I used to keep a little bag ready with a nightgown, some panties and a bra, a bar of soap and a towel to wash with! Whenever I felt that I was too badly beaten, I used to give my daughters a kiss, without thinking I used to grab my bag, get on a bus, a cab or a train and head for a hospital" [Int. 5, 61 years old].*

However, the women were not always able to go on their own to seek medical help. Even after a sequence of episodes of extreme physical violence, some women were not always able to tell the truth to the healthcare workers, because the perpetrators would make a point of being present at the consultations.

*"I went to get the car keys, because I used to leave them on the sideboard, but they weren't there. Since I was very dizzy after having my eardrum burst, I could hardly walk, I accidentally made some noise*

*and he woke up. He had the car keys in his pocket, already worried that I might run away. I would have left forever at that point! So, he took me. But before going to the hospital I had to clean up the blood, because I wasn't in my own house, it was a rented house where a lady used to come and do the cleaning. Then he took me to the hospital warning me that if I told the doctor what had happened when we got there, as soon as we got home he would "cure" me once and for all. And the doctor asked me, but I just kept quiet. And with my silence, he perceived what had happened because my husband was standing close by. He asked me why my husband had hit me. I said 'For no reason'" [Int. 6, 61 years old].*

Indeed, the image of some perpetrators to other people is, at first, of relative 'normality'.

*"He fools a lot of people! He fools the doctors, he fools everybody. He doesn't tell the truth. He has never told the truth!" [Int. 1, 76 years old].*

*"Because he seems to be, apparently, a cultured person, he is one of the worst people [I know]" [Int. 6, 61 years old].*

But these women, that live with their perpetrators for decades, now formulate highly negative opinions regarding the personality of their perpetrators.

*"I used to think he was a man with a split personality. Both of the personalities were very strong. One to charm and the other to do what he did, well, to do what he did and to make me his property so that he could do whatever he wanted to me. Mere property, he could do whatever he wanted with me" [Int. 6, 61 years old].*

*"He was always a man with a tendency towards mistreatment. He's a person that whatever he says goes and whatever anyone else said is wrong. A person that is really, really revolted" [Int. 4, 59 years old].*

*"He is a really bad man, completely untrustworthy, completely cunning! He does things without anyone seeing, in secret, he does bad things... He likes to see people suffer" [Int. 5, 61 years old].*

*"He's a very rough man, very rude to people, he has no consideration at all for anyone! He has no respect for anybody!" [Int. 2, 66 years old].*

In some women, there is the perception that the violent behaviour was triggered by the excessive use of alcohol.

*"Drunk! He would get drunk to do what he used to do. Because otherwise he wouldn't hurt a fly" [Int. 4, 59 years old].*

Indeed, this perception is also shared by the perpetrator.

*"All he says is that it was because he was drunk! It's because of the drink" [Int. 2, 66 years old].*

But when the violence springs from the personality of the perpetrators rather than from behaviour triggered by other, external, factors like the excessive use of alcohol, it has a devastating effect on the women and on their intimate relationships.

*" (...) I hoped he would be drunk all of the time, because then he didn't do any harm at all. It was, in fact, the other side of him that was much worse, when he was sober he did all sorts of bad things, very consciously and deliberately" [Int. 6, 61 years old].*

*"(...) whenever I told him that it couldn't go on anymore, that we would have to go our separate ways, he would bring flowers, he would bring me perfume, he would bring something to win me over. Saying that... Well, that he was uptight because of his boss, and that things weren't going well at work, and that was why when he got home he would unload it all onto me. But it wasn't like that at all, it really wasn't. And one day I went to see. At first, I believed him. At first I believed him. Later on I could see that it was getting worse. At his work, I saw that it was getting worse and worse, he would take out his anger on the staff too" [Int. 6, 61 years old].*

However, with age, the personality of the individuals starts to become evident in situations outside the family context. Some discoveries are made very late in the lives of these women.

*"But I only found out his true face after I had been in the refuge for a while, from a sister [his]. I asked her, I asked some questions that I had never asked before. And she told me 'No, no. He has always been like that. Even though he's my brother, he's been like that for as long as I've known him. Very aggressive, very violent, always demanding his way. And so, even though we knew, we didn't say anything, because we also thought, that with him being well off, and since he did not have a very good job...'" [Int. 6, 61 years old].*

The ways in which the male perpetrators react after the episodes of violence ranges from absolute indifference to demonstrations of repentance.

*"He never, ever said he was sorry! Never!" [Int. 1, 76 years old].*

*"That he would never do it again. To forgive him and that it would never happen again. And that I forgive and come home. And I would go! I believed him. He managed to convince me! I would go!" [Int. 4, 59 years old].*

But when the women talked to someone about the situation, as a way of crying out for help, and the perpetrators found out about the plea for help, the reactions were always extremely violent.

*"And he squeezed my neck and said: 'If you tell anyone else, I'll kill you!'. And he did that in front of the children and then I got away from him and said: 'Never do that again in front of them! You can do what you want to me, but not to my kids!'" [Int. 3, 62 years old].*

What remains is the image that one of the women gave us of her perpetrator.

*"He was a worm, a worm that existed. A psychopath, a ... well, a monster! The best word for him is monster" [Int. 6, 61 years old]*

#### 6.4.3. Changes in violence in old age

For some of these women, the violence has got worse, especially in old age, caused by age in association with personal characteristics of the perpetrators and the many years of violent relationships.

This being so, the violence has grown with the increase in the number of years in the relationship and, for some of these women, in their old age, the violence is now much worse.

*"He used to treat me badly, but it wasn't like now... like it's been for the last few years!" [Int. 1, 76 years old].*

*"He always used to call me old, stupid and ugly. And druggy, stupid, but that was much later. Druggy was much later. When I was retired it was 'oh pensioner this and pensioner that', he never called me by my name. "Oh, pensioner, I want another spoon". Because that went on for years and years, after thirty years of marriage it was... it kept getting... worse and worse" [Int. 6, 61 years old].*

There are situations where the violence has got worse, even when the women were physically debilitated (at just over 40 years old).

*"He started treating me badly again, mistreating me... and at that point I couldn't walk, I could hardly see... he would shove me, I would fall, over backwards and hit my head on the floor. He would drag me around the floor, slap me, punch me and kick me... My legs were black and blue... always black and blue" [Int. 2, 66 years old].*

The last episode of violence, that occurred with the victims already in old age, is for some of these women the one they remember most vividly. In fact, one of the women interviewed kept talking about this episode constantly during the course of the interview.

*"I am not a liar, because I say so, I say so. So, when I went to the hospital, the police went with me. He never thought I would... because I lifted up my hand to my face and he saw I was covered in blood. And I fought hard, went to the door, I fought hard. So I grabbed hold of something, for cleaning windows ... it was just a small house., I grabbed hold of that thing and so as not to break his head open... it was like it was my guardian angel! My guardian angel sticks close to me, and Our Lady and Jesus. [...] So [...] so as not to break his head open, I broke the glass in the door" [Int. 1, 76 years old].*

*"This time the door was locked with the key. I saw my house drenched in petrol, and him trying to light it and... It was horrible! It was all soaked in petrol! I phoned my daughter and said, daughter, is that your father at the door?' Yes, it's my father', she said. 'Daughter, mum's house is soaked in petrol!' And the young men went to help and so did the police. When the police got there, it really was all soaked in petrol. They wanted to take me to the Health care Centre, but I didn't want to go. (...) Because the lighter kept going out! If the lighter hadn't gone out, I wouldn't be here right now! He would have burnt it all down, right there. (...) So that was the biggest scare, on that day!" [Int. 4, 59 years old].*

*"He had illegal weapons, because he wanted to kill me, my three daughters and my little granddaughter.... he wanted to kill all of us! And my daughter. He took all the clothes off me and I had nothing on and my daughter said: 'Right, that's it! Thirty seven years, that's enough!' [Int. 5, 61 years old].*

These most recent episodes led them to the police and to the hospital. The police now appear as an instrument of recourse when they are needed.

*"The door was locked. I didn't open the door. I couldn't open it! I called the police. It was the Chief of Police that showed up with a colleague. In*



*uniform. They already knew what was going on. He said 'D., so you won't open the door?' No. He slammed the door. I got right in between them. And he was so.... you know. He opened the door, he so full of pretence. He just came out and said 'Who are you?'; 'We are the police'. 'Ah! Where are you from?' (...) That was what he was like: 'We just want to know if you'll let this lady into her house or not? And if you don't let her in (with me in the middle of them)... if you don't let her in, she'll be coming with us. She has somewhere to stay. You don't have anywhere to stay and you will be paying for any costs'. I said, so, I said, because I wasn't in a good way 'It's better for you to take me with you, at least for tonight'. And he stood up straight and said: 'Can't you see she wants to leave home!' The Chief of Police turned to him and said 'Ah are you alright now? (...) You already know now D., the slightest thing that happens to you, call us right away'" [Int. 1, 76 years old].*

*"He doesn't hit me anymore because I'm here and he knows that the people here... he has hit me in front of the staff here. (...) He said to one woman that works here, when she took him something to eat 'One of these days I'll kill that woman!'. And she said to him 'That woman you say you're going to kill, that woman is a sick'. [his reply] 'I don't care if she's sick! I'll do her in, kill her! I'll kill her!'. Ah, [pause], that doesn't happen anymore" [Int. 2, 66 years old]*

The last episode of violence identified, often by the women themselves is an episode of physical violence. It may, however, not be the last episode of violence (principally because psychological, verbal and financial violence persist in almost all cases), but it is perceived as being this way by the older women.

*"There was a time, which was the last time he hit me, I was cleaning the bathroom, I don't know what I said to him, I answered something. He came straight at me and started hitting me. Then he wrenched the mop out of my hand, turned the handle round to me and said: 'I'll smash your head in!'" [Int. 2, 66 years old].*

In this case, the last and most serious violent episode ended in the murder of the victim's son. This episode is also marked by the absence of police response (and this after the woman had already registered criminal complaints, since the perpetrator was in the habit, one night per week, of firing shots at the family home).

*"When I was chatting on the phone with my son, I saw him come past and go round the roundabout close by. I just said to my son, Son, sorry*

*I have to hang up, somebody is following me'. He was already coming into the park, the park there [location]. I got in my car! And I started to call the police. But I was crying because I was scared of what he had threatened to do before. So, when I pulled away I had the phone in my hand and was calling the police, but they didn't answer because my mobile phone was blocked and they never answered me. He came after me flashing the lights of the car! When I arrived... the road goes into the middle of the park, I live close by to that place, and I got there and I had to stop because of the traffic. He pulled up alongside me and said something that I didn't hear properly! Whatever he said. And then [crying constantly] my son came along and put his car in front of mine! He got out. He got out of the car and said to the man: 'Leave my mum alone! Leave us alone! Can't you see she doesn't want you anymore! What do you want? Can't you see she's just a woman? Leave her alone!' And then bang, bang! Two shots in the neck for my son! [she cries more compulsively] Ah! Every time I remember that scene! Watching my son fall, all covered in blood. Me going to catch my son in my arms, but he's too big! Poor thing! And then he ran away. (...) And we know that the same night, close to midnight, he was stalking around our house, because he wanted to do away with everyone! Because he told a couple, who are friends of mine, that he used to be friends with, that he was going to hunt me down and that he was going to leave me totally disfigured! All I know is he was only arrested on the Monday. That was on Friday. He was picked up on Monday" [Int. 7, 74 years old].*

Sometimes, the type of violence perpetrated during the last incident, had been experienced before.

*"He strangled me! And it's not the first time! It wasn't long ago that he strangled me in bed. And I managed to get away, I was in my dressing gown. I managed to run out into the street. It was late, there were lots of people in the café next door [...] watching the games. And when I looked at myself, I was in my underwear! (...) [the men in the café] said 'Come here you bastard, you dirty tramp!'" [Int. 1, 76 years old].*

The last violent act was, for some, decisive in their making the decision to leave home and break up the relationship.

*"Three days before he had hurt me a lot, verbally, physically and psychologically. He talked about hate. That he hated me, hated me, hated me. It went on until he wore himself out. [...] he got worn out!*

*And I noticed all of it, everything he did, it was with hatred, all with hatred" [Int. 6, 61 years old].*

And, in these situations, especially when the children have grown up, they count on the support of their children when making decisions after the latest act of violence perpetrated by the father against the mother.

*"You ought to go see your mum, because she's been out on the street for more than two hours! (...) Your dad kicked your mum out of the house'. And the young man came, walking up to the door: 'Where have you been mum?' I say 'I was at your uncle's house'. To my brother-in-law's house. 'And where are you going now?' 'I'm coming here, open the door for me. If you don't open the door, I'll have to stay out here'. 'You can't stay out here! Come to my house'. I went to his house and the following day my daughter turned up and said to me: 'You [...] have to think of yourself mum! What good does it do you to stay with that man? He's my father. I know he's my father, but it's more than clear than you can't take any more. Either he will kill you... either you leave him, or he will kill you. What do you want out of life? What do you want to do?' I say: 'Well, daughter, I don't know! I don't know what to do with my life'. 'Leave him to his own devices! Nobody's died yet and you don't need to die either'. And my son said: 'So, do you want to go back home?' 'I won't go, I won't go back there any more'. And I didn't go back" [Int. 4, 59 years old].*

Some of the alterations in aggressive behaviour are caused by getting together with daughters/the adults who, to a certain degree, put a stop to the situations of violence.

*"Now, not any more, in the last months he stopped hitting me. Because my daughters wouldn't let him, they stood up to him! " [Int. 5, 61 years old].*

There are also alterations in the violent behaviour of husbands/companions, associated, at least in one case, with some kind of demented behaviour on the part of the husband/partner.

*"He punctures car tyres, he punctures motorbike tyres and he has to treat everybody badly" [Int. 1, 76 years old].*

And some alteration in the behaviour of the perpetrators is linked to an increased consumption of alcohol.

*"Drink more. Drink more. He gets more belligerent, you can see that the man is not... not liking me, right, he's not. I'm not ready to say he won't change. He might even change, but not for me!" [Int. 4, 59 years old].*

The increase of violence in old age may also find justification, from the women, in financial issues.

*"It was when I started receiving my pension and his pension was paid into the bank. Because pensioners were being robbed. Right. And at that point, when that happened I said 'But I don't want it like that. I want mine separately'. At the bank. To them [...] Right. That's where it started. That's when the worst of it started. (...) it's been worse like this for around eight years" [Int. 1, 76 years old].*

However, there are still cultural perceptions regarding the role of the husband as the breadwinner and in the absence of the husband other people (collectively) take on this role.

*"I consider the State to be my husband. It is the State that is my husband, it is he that feeds me, clothes me, puts shoes on my feet, I get my medications, pay my bills in the town centre, all with the money the State is giving me".*

For one of the women, the fact that she is still working is the trigger for the constant threats made by her partner.

*"But now it's even worse! And now it's worse. Now, for the tiniest reason it's "bitch", it's "thief", it's "because you're stealing from me" and "because the social services are going to kick me out because you're working and you can't work" (...) And he throws it in my face that the social services will put me on the street, that will take away everything I have, because I've been working" [Int. 1, 76 years old].*

In fact, the interpretation of the women themselves with regard to the reasons why their husbands/partners behave the way they do, now, in old age, is highly focussed on abandonment of the relationship and, consequently, of the home.

*"He's doing all this to make me leave. But I won't go!" [Int. 1, 76 years old].*

Nevertheless, an alteration is noticed in these older women: now, in their old age, the decision is peremptory, since they no longer believe in a change in the behaviour of the perpetrators.

*"Me, live with him? I don't want to anymore!" [Int. 1, 76 years old].*

*"But I won't be going back to him. I don't want him anymore! I'm fine like this. I'm happy. I feel calm. Enough bad treatment, I've had enough! It's gone too far" [Int. 4, 59 years old].*

*"Well, my children had all left home by then. And I said no. And it will get worse and worse, I have no children, I have nothing and he just gets worse and worse. Right, it's all the time. And even in front of friends it was just humiliations, humiliations, humiliations. All that was left was pure hatred! Pure hatred. Right, that's what most made me leave home" [Int. 6, 61 years old].*

*"Because I, however...., he went round to my son's house to ask me to come back to him. And I said I wouldn't. And he said: 'If you don't come back, I'll kill you! If you're not mine, you're not anybody's!' That was his answer. 'Because now when I find you talking to a man or a woman, for whatever reason, I'll kill you!' That was the way to court, I filed a complaint against him" [Int. 4, 59 years old].*

Some older women now adopt fearlessly confrontational attitudes:

*"I was out of myself, he was looking at me and not saying anything. [And I said:] 'Listen to what I'm going to tell you: you've hit me a lot, you've made me suffer, I've got a strangled bone in my throat here, and you put your fingers behind here and opened my throat [so I can speak]. I'm hurting all over, I'm up to here with suffering, I can't do anything, not even clean the house, I can't do anything. But from today onwards, if you even think about laying a finger on me, you can be sure that when you lie down and go to sleep, you'll never wake up again because I'll kill you!" [Int. 5, 61 years old].*

When the violence is mostly verbal and psychological, older women tend to deal with it by resorting to survival strategies, such as not reacting to verbal provocation:

*"I can't speak to him. I'm silent, he talks, I don't answer, I don't say anything. He's in the kitchen; I go to the living-room. He's in the bedroom; I go to the kitchen. That's what I do to make sure that we're not together (...) We can't be together. He's always looking for ways to*

*provoke me, and so that he doesn't provoke me, I always look for ways of being away from him."* [Int. 2, 66 years old].

But even when the relationship breaks down, among older women there are still feelings of fear and insecurity:

*"I was already separated. But that was when I was most afraid of him. Real fear – fear! The fear was now!"* [Int. 4, 59 years old].

And, sometimes, staying at home is bitter and difficult, but necessary, given the lack of housing options for these women.

*"When I'm at home... I don't [voice overcome by tears] when I get home, I don't feel at home. I find it hard to be there, I leave it dirty all the time, the cleaning ladies come and clean, but in a little while it's all dirty again. He loves his things anyway, but he doesn't take care of them and he even starts insulting me, calling me names, shouting, things that... that's it."* [Int. 2, 66 years old].

In one case, the children intervened, trying to protect their mother, reacting violently now – in her old age – against the aggression they found out she had had been suffering.

*"He's also very wary because of my son. My son has already beaten him up twice. (...) He [my son] found out some things, but it wasn't me who told him, it was a neighbour who told him, then my son turned round and gave him [my husband] a right beating. That was three years ago. (...) So when it's like that and he finds things out, my son rings him and says: 'look, get ready because when I come round, we're going to settle some scores.' 'The two of us are going to talk. You know my mother's ill, and she can't exert herself; you're stronger than her and you do want you want with her, but when I come round, you're going to have to deal with me.'" [Int. 2, 66 years old].*

There are also cases where the violence has diminished with age.

*"The only thing is that he doesn't hit me any more. Now and again he calls me names but he doesn't hit me. It's like this, for example: if he says 'these sheets needs to be changed now', I've got to do it right then. If I don't change them, he quickly finds ways to start quarrelling with me."* [Int. 2, 66 years old].

But this reduction in physical violence does not always mean there is a similar lessening in other forms of violence; in fact, the psychological and verbal violence tend to get worse in most of these situations.

Nevertheless, for these women, the age of the perpetrators ends up having a relative effect on the lessening of the violence to which they are still subject. Or rather, it contributes to a change in the type of violence which is inflicted on them.

*"Now he's changing because he's older, he's much heavier, he doesn't have the strength he had before." [Int. 2, 66 years old].*

In one case, the reduction in violence is attributed by the perpetrator himself to the fact that he is not drinking alcohol.

*"When I talk to him like that, the only thing he says to me is: 'Ah, I don't drink any more; before, I drank'. That's the only answer he gives me!" [Int. 2, 66 years old].*

It's important, however, to stress that, in the view of the older women who are victims of intimate partner violence, their age is not a factor in explaining the violent behaviour of their perpetrators.

*"No! My age has nothing to do with this, since I haven't had sex for years! (...) I don't know how to explain it!" [Int. 1, 76 years old].*

Underlying this is the idea that it's very hard for male perpetrators to change, and it's not worth waiting for such changes.

*"The advice I give is when there's violence right at the start, you can wait, I don't mean [you should get out] the first time, or because of that slap or bad treatment. But you can forget roses, or perfume, or a blouse or a T-shirt. You can forget it all! Because, look, a person can get used to it, and if there's a second time, get out! And that's the advice I give. It's not worth waiting for the second, third or fourth time, because after that there are thousands! And it's routine, because thirty-five years times three-hundred-and-sixty-five days was a lot of days, a lot of hours. Of terrible suffering and suffering for my children, because they saw it, heard it." [Int. 6, 61 years old].*

And when one decides to break up the relationship, the gains are great.

*"I gained everything, I gained everything! I'm poor, there are things missing in my life, but I'm happy! I feel happy, I lie down rested in my*

*little bed, I don't hear a sound. I have neighbors who come if I need them. I have the social workers who are very good to me; there hasn't yet been anything they haven't been able to help me with. I have lawyers who help inform me about things, I have police officers, I have the legal system, I have everything. I have friends. I appeal to everyone who can't bear it any more to understand that life is short!" [Int. 5, 61 years old].*

*"I wasn't myself during those years when he had me as his property. Now I'm me." [Int. 6, 61 years old].*

#### **6.4.4. Help, needs and rights**

*"My struggle is to get free as quickly as possible." [Int. 1, 76 years old].*

This was/is the key point of all the stories of lives affected by intimate partner violence carried out against women by husbands/partners.

All these women have sought help from one organisation or another, seeking information about their rights, help and support for temporary or permanent solutions.

*"For the past few years, [I've realized] it's had to be this way! It's had to be this way! I had to fill myself with courage and that's it. I can't bear it any more, I can't bear it!" [Int. 1, 76 years old].*

They do not always come to the support services in an informed way, but they are aware of a change.

*"Look, I went there without knowing how or why. I was in a street, I saw a row of lawyers' offices. If I go to one of them, someone has to see me. Without an appointment. I went, without an appointment. I went in. They told me to wait, and [he] appeared. Just like that. And then [he] said 'You're not leaving'." [Int. 6, 61 years old].*

In other cases, there was a very well-thought-out search for help.

*"That time, [I thought] now I'm really going to do it. I looked for a lawyer. At that time, I had got a bit of money together, because as soon as I began to see that things would always be like that, the money he gave me to have control of me, I began to control it myself and started putting a bit aside. And so I had that little sum for myself and I went to hire a lawyer." [Int.. 3, 62 years old].*



Such support is sought and obtained from organisations like the police, the city council, the social security services, and especially, from groups that support victims of domestic violence.

*"I feel like I have someone at my side. Now it's full steam ahead. [Would she contact the same organisations again?] Of course! (...) Up until now they've sorted out everything! Now, I won't change; everything is in motion." [Int.. 1, 76 years old].*

They are women who feel orientated and guided by these services in their search for answers to their needs and worries.

*"This was on [day of the week], until [day of the week] I'd never stopped to have any tests. I came here [on day of the week], here. The doctor rang the court. On [day of the week], I was at the court to give evidence [...] And do you know what the doctor said to me? He said 'Listen, D... whose name are your things in?' 'It's all in my name!' I showed him the letters I had paid for. And he said: 'Ah, but you can throw him out, whenever you like. Haven't you already thrown him out?' That was what they told me at the court. Had I already thrown him out! 'Well that's fine, sir, but it's him who won't go, because he's a big low-life!' What do you want me to say?" [Int. 1, 76 years old].*

And they are very pro-active in looking for guided solutions.

*"They say that it's like this, this is where I should go, this is where I shouldn't go, I go there, I ask. I go there and deal with everything." Int. 1, 76 years old].*

The forms of support offered to these women sometimes go beyond what might be expected.

*"When I get my money, I bring it all here, I have all the money here and then they do all the sums they need to do." [Int. 2, 66 years old].*

It's also important to highlight the role these organisations can have in deterring violent behaviour, which is especially noticeable when they go regularly to the family home.

*"He was pushing me and saying: 'Get out, get out, I don't want you in this house any more'. But since he saw that I wasn't leaving, he wanted to get the house-key off me by force, he wanted to force me to give him the door-keys, and I wouldn't give them to him. He was like this: 'Give me the keys; you're not coming in here again! I'm going to throw you*

*out and you're not coming in again!'. Later I was telling all this to Mrs [of the home support service, who entered the house to find her crying]. He began denying everything in front of me, that it was 'a lie, it was a lie, he didn't do anything, she's a liar!', and he came with his hand like that... in front of the woman, and the woman said: 'So it's a lie, and you come with your hand like that to hit your wife? Calm down, lower your hand, get it down!'. And she took hold of her cellphone, and when he saw the cellphone, he lowered his arm... Because he was coming to hit me in front of the woman" [Int. 2, 66 years old].*

But one also has to report some deficiencies between the support sought and that obtained. The organisations most frequently cited as being deficient were the police forces (but also the courts and the health services).

*"[After having killed the woman's son), the perpetrator] slept at home one night. The criminal police saw him sleeping there and didn't come to get him! That's what I can't [understand], heaven help me! How is it possible! The kid who never crossed him! [crying] Never! He would say: 'I have such a strong urge, if I get my hands on that man, I'll kill him!' And I'd say: 'No, because you'll pay for it later. Son, don't get your hands dirty for a villain!' And he would say: 'OK, I'll do what you want. But I had such a strong urge!' He never had an argument with that man! He never had one!" [Int. 7, 74 years old].*

*"Ah, ah! So you called the police, did you? Look – have the police arrived?' Mocking me. And I said: 'So, what? Are we going to stay here waiting, crying? Are we going to wait for the police?' And my daughter said: 'No, mum. I'm not here to make a fuss and just sit here putting up with dad! They're not coming, let's go there ourselves!' And so now that it was night-time, that was what we decided. We went there. We went there... (...) And he [the policeman] took me over to the other office, with that gentleman. The others were actually looking at each other, laughing. And he took me to the office and I told him some things. And he said 'You're in a real state. What do you think about going home and coming back here tomorrow?'" [Int. 3, 62 years old].*

*And, in some of these situations, given the lack of action by the police, this woman was seized by despair.*

*"And then when I went to make a complaint at the prosecutor's office, I already had that with me. The second time. I went twice, to get the legal case together, so I took the things with the bullets. I called the*

*policeman and everything. They didn't do anything! They didn't do anything! The threats continued. The letters from the lawyer continued."*  
*[Int. 7, 74 years old].*

It has also been mentioned that making formal criminal complaints may not have a deterrent effect on violent behaviour; in fact, they end up having a negative psychological effect on the women.

*"I received the letter from the court. But when I picked the letter up, it was sealed with glue. He'd already opened the letter. He found out before I did! The letter had arrived to tell me that it had had no effect. Can you imagine! It had no effect because he'd been to the police to lie! He went to say exactly the opposite! That it was me who was treating him badly. That it was me... There you are, he said everything. And that's a lie! And who was guilty? It was the policeman who saw him! (...) But what kind of policeman is that? And people will believe that! If he tells me something and the opposite came from him, it wasn't from me! He could see clearly that I was telling the truth! [Int. 1, 76 years old].*

*"I went there and I gave up [the complaint], but the policeman didn't say to me: 'Listen, Mrs..., are you going to give this up? This process will be shelved. If you give up, this process will be shelved.' I remember asking them: 'So, and if he goes on [hitting me], can I go on?' 'Of course you can go on'. But they didn't tell me that what had already been done, it was what had already been done that would be shelved. So they always throw that in my face. They always throw that back in my face. Even the public prosecutor said that there was nothing for me to shelve: 'she shelved it, no, she gave it up, that was because she thought it wasn't an important thing.'" [Int. 7, 74 years old].*

And when police support didn't materialize, help from family members took its place and was essential.

*"That was when she rang the bell, he went to see who it was, and I ran away downstairs and tried to get out through the garage. At the same time, he came down and grabbed hold of me. I was just going to get out through the garage door, when he grabbed me and threw me against the car! Since he'd thrown me against the car and I bashed my ribs there, I couldn't breathe. And my daughter is asking him: "Let mum leave, please! Let mum leave – please!" And he said: "Your mother isn't leaving here alive today!" And she grabbed him, rang the police [and said]: "She's not leaving? Let's see if she's not leaving! Dad thinks it's OK, does he? Dad thinks he's not old enough to have some judgement?*

*Does he think that it's not enough all these years that he's been married to my mother, making us have the life we've had?" And she rang the police. From the police station, by car, it's five minutes. Do you think the police arrived? They never turned up! They never turned up!" [Int. 3, 62 years old].*

The feeling of despair and of a great emotional loss is weighed in the balance of (in)justice, when one considers the inefficiency of the judicial system.

*"You know something, he had seven bullets. The weapon was automatic and he didn't have a gun license. How can the judge say that it wasn't first-degree murder! It's a crime pure and simple! Because it was premeditated! He had seven bullets! In the thing. Ready to fire! Because when they arrested him, he still had five ready to fire! It was this and that, since he had the weapon! The courage of that man, to take away the love of my son! [crying] And to take away my son! How can I possibly forgive such an animal? Never! [silence] Never! I've suffered so much! So much!" [Int. 7, 74 years olds].*

These failings lead to the discrediting of the judiciary itself and of the legal system in Portugal, in the eyes of some of these women.

*"Because it's not fair for us to be deprived of a loved one because of the bad, the bad justice system that we have in Portugal. And a person who never harmed anyone. I feel really bitter. Really bitter." [Int. 7, 66 years old].*

We also find some inherent problems in the system when a woman with some financial difficulties decides to go through with her threat of ending the relationship.

*"However, they said they would find a lawyer, we even went to the [place], me and my daughter, but I didn't have the right to a lawyer at all! The income tax documents were in my husband's name. I didn't have the right to a lawyer at all." [Int. 3, 62 years old].*

Sometimes, the behaviour of medical staff, faced with the lack of reaction of the women to the violence to which they were subject, was also inappropriate and violent.

*"They die at the hands of murderers and they never put them in prison! Get her out of here!" [Int. 5, 61 years old].*

However, the failings of certain organisations and services were, in some cases, made up for by other services.

*"I went straight to the health center and went to speak to my doctor. She examined me and wrote the letter for me to give in at the police station. After that it was different there. I told them I had severe injuries to my ribs, black marks on my back, I had them on my legs, on my arms. The doctor gave me tranquilizers, you know that. Afterwards there, she said: 'Right. The notification will go on to the court'" [Int. 3, 62 years old].*

But there is still a need to prove that one is a victim of violence, which is even harder in cases of psychological or verbal violence.

*"The verbal and physical aggression sometimes kills more than – as I say – than the blows. How can you prove what's happening? When it's happening behind closed doors, when sometimes even your children don't hear it! And what if the children are terrified of their father and can't open their mouths in court?" [Int. 6, 61 years old].*

There has also been mention of fruitless contact with some organisations that offer support to victims of violence.

*"I went as far as going to the [place]. I went to the [organisation], in [place]. And they said, that since I was from here (...), that I should look for help in my own area" [Int. 3, 62 years old].*

The needs of these older women are various and of various types, in terms of health, money and housing.

Some needs are the direct result of the aggressive and violent behaviour to which the women have been exposed.

*"He would hit me on the head and throw me against the tiles on the kitchen wall (...) Because of that, my head is full of internal bruising, it's as if there were cysts inside my head, and the blood doesn't circulate! I have a drug which I take for it: when the blood doesn't circulate, when I get such a terrible headache, my heart suffers and I faint. I have medicine which I take to make the blood circulate in my head." [Int. 5, 61 years old].*

Ailments which, in large measure, the women attribute to the violence to which, in most cases, they were subject for decades.

*"I have a lot of pain in my back, in my head, I'm almost blind." [Int. 1, 76 years old].*

*"I'll say this... maybe if I hadn't been so ill-treated as I was by him, maybe today I would still be going to work. The fact that I'm so smashed up was because of the ill-treatment he gave me." [Int. 2, 66 years old].*

*"From then I began to have high blood-pressure. [Speaking very quietly] The pressure went up. My level of tension went up. In the last few days I had to go to the doctor, and the doctor said I had very high blood-pressure." [Int. 3, 62 years old].*

*"And after that terrible relationship, my back was never the same again. I've never been healthy since! Because he was a very big, very strong person. And he destroyed my back. With the sexual abuse. Never again, never again, never again! [crying] Never again!" [Int. 7, 66 years old].*

The continual violence was such that the woman herself began to doubt her own sanity.

*"I would say things, and after a while he would say I hadn't said anything like that. 'You're mad, woman! You don't know what you're saying!' So I got to a point where I began to doubt my own mind. I ended up in a situation where I was taking fourteen pills every day! Ordered by the psychiatrist – and I started walking with my niece on one side and my daughter on the other. I couldn't even go out alone! Until my daughter, when things got to that stage, came up and said to me: 'Mum, you've got to stop taking all these medicines. I know you have willpower. And you'll get through this, for your own sake! Without drugs!'" [Int. 3, 62 years old].*

And even now, after leaving home, mental health is still precarious.

*"I went just now, on Monday, to the family doctor. To see if she would prescribe me some pills, to see if I can get over this, because I shake, I shake, I shake. There are days when it just took me over, whole days crying! Upset, upset, upset. Now on Monday, my daughter made an appointment for me, and said: 'You go to the family doctor now to see if you can get some pills, some tranquillizers.' Meaning, light ones. And at night I'm feeling the same as I felt during the day. Just the same way I spend the days. I can't sleep because I'm always, always hearing [things]! (...) And the more I want to forget, the more things from the past come up! They always come. And it's pure fear! That's what I said*

*to the doctor. "Doctor, for the love of God, prescribe me some pills, whatever they are, because wherever I go, I'm always looking around me, always afraid, always running away! What is this, what is this?" [Int. 4, 59 years old].*

Financial necessities are very great when we earn only a small amount of money; by way of example, one of these women receives a social security benefit worth 198 Euros and pays 170 Euros in rent for her house.

*"It's the children. I pay the electricity bill and I'm left with nothing. I've got my children. They just help me with food." [Int. 4, 59 years old].*

Financial difficulties are persistent and contribute towards a poor quality of life.

*"Because he doesn't give me anything! And it's for that reason that I'm fighting. Because ... I pay for water, I pay for electricity, I pay for cable TV, I pay my taxes. I pay for everything! I've got my medicines. Now I've got to pay out three hundred or so Euros, because of my glasses: I need to change the lenses every two years. They couldn't fit them in the others, they had to be new ones. I've got to eat. I eat really badly! I hardly do any cooking at home. I wash myself in a basin! Apparently I don't need that, a bathroom! He ripped out everything, threw out everything..." [Int. 1, 76 years old].*

However, this small income, a result of low pensions, is sometimes complemented by income from work that is still carried out, and can, in rare cases, allow a few "luxuries".

*"I'm a single person. I pay all my own expenses and no-one can take that away from me. If they take that away from me, they take away my little trips, which I go on when I can, and my excursions, which I love." [Int. 1, 76 years old].*

In fact, when older women have not had a professional life, their greatest difficulty is financial. And this way of life (not working for an income) is seen by them as a result of an obligation imposed by their perpetrator, since they now find themselves, as a result, in an unjust situation.

*"Even more so because he never let me work. I think it was his duty to continue to support me. Particularly since he has [the money]. He has a good pension. He's an employee. He works for [name of company]. He has a good pension, he doesn't lack for anything. Therefore he could continue to give me something. He would give me five hundred Euros.*

*He could have carried on giving me that. This way, I'm dependent on handouts, and there's no need for that." [Int. 3, 62 years old].*

One of the needs most mentioned is that for housing. In three cases, the answer was to carry on living with the perpetrator.

*"I couldn't close the door on him, because he, even the bedroom door is broken because he broke it to get inside. I couldn't close the doors. He stayed in the groundfloor. I made the food down here and everything, since he sometimes stayed days here, whenever he got angry with her, he would come here. And I was on the ground floor. When he was here, I avoided being at home as much as possible." [Int. 3, 62 years old].*

But sometimes, situations arise where the living conditions are very degraded.

*"So was it me who ripped out the toilet? Was it me who did that?' (...) To pee, I do it in the bath, afterwards I mop it. Not him! He pisses towards the bath, down the side of the bath, on the floor... And I have two masks to wear on my face. Which the doctor gave me. Because I can't go on with the smell, I can't! (...) But it's all black, black, black! It's rancid! It makes me sick!" [Int. 1, 76 years old].*

One woman referred to her desire to go to a refuge, but she came up against a lack of supporting answers.

*"I asked, I even said to the doctor here [crying], 'If I could get out of here, I'd go! I can't stay there!' But she says it's difficult to find sheltered housing for someone of my age." [Int. 7, 66 years old].*

Of the seven women interviewed, only one had been in a refuge. It was a lengthy stay.

*"I was here for about a year-and-a-half. Afterwards I left and went to a safe place, with a bit of protection [for another year-and-a-half]" [Int. 6, 61 years old].*

A stay that has forced her to integrate [with others], although for a very good reason.

*"But I tried to integrate and I had to live properly. I would prefer to be even living in the same room with four other people than to have to go back to my own home without the problems being sorted out." [Int. 6, 61 years old].*



In fact, this woman did not have great expectations of the refuge; her expectations were to do with what she was aiming for when she took the decision to leave home and end the relationship.

*"I wasn't bothered about food, I wasn't bothered about clothes, I wasn't bothered about anything. Not even if I was going to stay with other people in the same room, or if they were bunks or whatever. I wasn't interested in any of that! The only thing I was interested in was in achieving the objectives I set for myself when I left home. Asking for a divorce, getting free of him, sharing things out more or less, it would come quickly, and that would be that – free. It was only that I was bothered about. Now if the house was good, well-built, I had no idea"*  
[Int. 6, 61 years old]

And it was during her stay in a refuge that she learnt to live without fear:

*"Now I learnt one thing in the refuge: not to be afraid. I was afraid when I was with him."* [Int. 6, 61 years old].

One solution for some of these women could be to put the perpetrators into residential care. Their own house takes on a major significance in the lives of these women and in the decision to leave.

*"If I was a man, I would already have gone into a residential care home! Social Security, he has a Social Security pension. Let him go to a home! There are homes for us"* [Int. 1, 76 years old].

But if both – woman and perpetrator – were put in the same care home for older people, the idea of living in the same room is totally ruled out.

*"I already said to Dr. [name of a person] if that happens, let him go over there, I don't want him in the room right by me! I don't want him! In my room, I don't want him! I want to be alone, I want to be left in peace!"*  
[Int. 2, 66 years old].

And, moreover, given the great importance of neighbourhood networks, even at the cost of some danger, living in a familiar social context that is dear to them is preferable, despite the risks they may run in doing so.

*"I have friends, of course. I went to the countryside, didn't I? While here I could meet Mrs so-and-so by chance in a café and even, I don't know, Mrs so-and-so would ask me something, and I would tell her where it was or whatever. And afterwards whenever I saw her in a café: 'Hi, how are you or whatever.' But really, it never went much beyond that, did it?"*

*There I really felt the lack of support because it's different when people go to a cafe, and say sit down here, let's talk about this or that." [Int. 6, 61 years old].*

It was and is the neighbours who came and come to help them and support them, even when the women did not share the stories of their lives with these neighbours.

*"I didn't and don't look for help from neighbours, but they support me spontaneously, they support me in everything. Because there, there's no-one who doesn't like me, everyone, all the neighbours value me." [Int. 2, 66 years old].*

*"There were some people, neighbours and everyone, who really supported me, who said even to him: [Name of husband], didn't deserve the wife he has. She's the wrong wife for him." [Int. 2, 66 years old].*

But more than meeting all their needs, what these women really hope for is that their cases should, in the end, be resolved.

*"I want to be free of him. I said just now to the gentleman: 'either do this properly, or else (I've been saying this to many people) I'll lose my mind'. I'll go out and lock the door, he'll stay there, and I'll go and hand myself in!" [Int. 1, 76 years old].*

And when things are resolved in favour of these women, their perpetrators despair.

*"It was such a heavy load that fell on top of him. Because he was left without his wife, without his slave, without the slave's money, just like that, without his home, which was all he had. Without his other things, which were all he had. In front of everyone, so humiliating, because it was his wife who asked for the divorce and so many other things. I think the load must be so great, I don't mean in his soul, I don't know if he had a soul, because he was a monster." [Int. 6, 61 years old].*

And the relief of sorting everything out, once and for all, contributes to a very positive sense of self-esteem.

*"But it's funny that after all this being sorted out, which was days ago, I felt a kind of relief as big as the world. And I said: "Ah, now I can breathe, now I can breathe." And you know that at home I picked up – you can criticize me but they're such sad and painful things – because I used to not even to want to look at photographs of myself. Look how far*

*I'd fallen! And now I grabbed the first photos that I saw, and I kissed myself so much, and said: "Oh [name] now I like you so much, but I never liked you before! Why did I allow myself to do that? Why? Now, I'm me!" [Int. 6, 61 years old].*

Not knowing their rights is also a factor to be considered in explaining why they keep going with such long relationships, as well as a culture of socialization based on male domination<sup>46</sup>.

*"He thought he had the right to everything because it was based on the law which existed years and years ago. Even when I got married that law didn't exist. But he thought it did. That a woman who left the home would lose her right to the house, to the children, the goods, to everything. So he always had that in his mind. (...) It was the abandonment of the home (...) he would say: 'When you want to, you can leave. I'll stay with the [son]'. Because that was abandoning the home." [Int. 6, 61 years old].*

Now, these women point to changes in the times in which they live and in the role of women in society.

*"In previous times, we didn't have any kind of support. There was no strength of.... So, put up with it. Put up with it. But not any more. Leave it and move on! And we have support! And help. We have people who help us, who talk to us in a way we can understand. And we understand people because it's just like that." [Int. 4, 59 years old].*

*"Look, I said to my daughters, that they had to respect their men, their husbands. Today I don't say that any more... Don't let them lift a finger against you! In the old days, the old people would say, the first one is the shame barrier. If you let him lift a finger against you, today he loses his shame, and tomorrow he'll come at you with more! He'll hit you more! And that's how it was in my case." [Int. 5, 61 years old].*

But it's important to remember how recent the national legislation to protect victims of domestic violence is, and how tolerant our society (still) is in relation to intimate partner violence.

*"I called the police many times. But the police couldn't act, they couldn't do anything. It's what I said: they can't do anything. Between a husband and wife, they can't do anything. They can't do anything. And then, the*

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<sup>46</sup> For more information, see chapter III.

*other day, when he was opening the door, was when I was going into the house.” [Int. 4, 59 years old].*

It’s important, finally, to highlight the final messages left by these seven women for other women who may be living in the same types of situations. They are, for sure, messages whose central point is that the behaviour of perpetrators does not change over the long term, and therefore, how important it is to break up the relationship as soon as there is a violent incident.

*“The message is they should have the courage that I have and keep moving forwards. And that they should enjoy what they have as much as possible.” [Int. 1, 76 years old].*

*“We have to look for support from the people who can help us, who can give us help or advice. Try always to run away from the bad moments that one has with one’s husband, don’t trust him much, don’t be very affectionate, don’t give many kisses, because the more affectionate one is, the worse it is! They turn on you even more! Therefore, all ladies who live in the state in which I am living should look out for themselves and ask for help from whoever can give it. And that’s that!” [Int. 2, 66 years old].*

*“I used to like to say, the sooner they get out, the better. But you need to stay well-informed, to go to the [organisation] or fix up a contact. And really to stay in a refuge because it’s the safest place in the world that they can have. Not to stay with relatives or friends. (...) So they really have to leave. And not go to family or friends. It will inconvenience everyone and won’t turn out well. Go to a refuge. And the sooner the better. If not at the first slap, then at the second. That’s where it goes on and the lack of respect goes on.” [Int. 6, 61 years old].*

*“The message I leave is is that when you get the first slap, give up the relationship. Because it’s not worth it. However many promises they make, the situation might not happen for a year, but it always happens again some time. So, when it happens the first time, try to get away because love won’t make the person change!” [Int. 3, 62 years old].*

*“If they have the courage to do it, then do it. Because I don’t feel bad. I feel happy like this. Don’t get stuck to men – and to ill-treatment. We don’t have to die, God willing. There will always be forms of support. And help which really makes a difference to us. Onwards, onwards.” [Int. 4, 59 years old].*

*"Let them ask for help, let them speak to people who aren't ashamed of speaking. Because they need social workers, police, Republican Guards, lawyers, courts, help! There's nothing better than asking for help and using it. May they not suffer as I suffered for thirty-seven years. That's the only thing I want! Let them do that, go in search of their own lives. Don't look around, don't look around as I did! So that they don't talk about me [I'll tell you]: I didn't separate from my husband. Today I think that I should have left him twenty or thirty years ago! Today I'm the [own name]! I was never the [own name]!" [Int. 5, 61 years old].*

They also gave final warning messages.

*"They should be extremely careful with them [their men]! Because they're false. Sometimes a person is distracted, and suddenly they can get stabbed in the back without realizing it, as has happened to many of them. We need to take maximum care of ourselves! Not be interested in anyone else's life but our own!" [Int. 2, 66 years old].*

*"They [the women] should think of themselves above all else. And of their children, if there are any. And they should try to get work, a job, to get forms of help that will enable them to have their own little place and be the ones to bring up the children. They shouldn't go on with marriages like that. No way!" [Int. 3, 62 years old].*

*"Let there be justice! Let there be justice! These people are our husbands, and they're nothing, nothing! They're rapists who inflict ill-treatment, swearing and harassment on women. They make floor-slaves out of us, they make us go hungry and beg from door to door as I did so that my daughters could eat. Don't let them! And as for the young girls who are getting married now, let them take it once, one slap but no more! Don't put up with it!" [Int. 5, 61 years old].*

*"They should be very careful! First seek out information. Especially those who have children, they shouldn't get involved with anyone who they know nothing about. Because we're living in a society which we don't know. In a difficult society. In a society of trickery! And of criminals! [Int. 7, 74 years old].*

And, finally, a message for male perpetrators:

*"I would like men to think about the fact that their mother was a woman! And if they thought about that, they would never raise a hand against a woman who was by their side. Because the person who brought them into the world was a woman." [Int. 3, 62 years old].*

## 6.5. Summary and discussion

We have before us a group of women whose intimate relationships were, and in some cases still are, long-lasting (between 35 and 50 years<sup>47</sup>). They are women for whom, mostly, this was their only man; as a result, they had idealized expectations of people and conjugal relations that were not altogether matched by reality.

The first violent episodes took place, in most cases, in the very first year of marriage. They talk, mostly, of incidents of physical violence, although these women are well aware that they were/are subject to psychological and verbal violence as well.

Some women describe this kind of violence as more serious since it leaves deeper scars that are rarely forgotten.

The violence is very frequently inflicted at home. But as they years go by, it spills out into the street, and these women are now also victims in public places.

The violence described by these older women is of every type (physical, psychological, verbal, sexual and economic) and it is present throughout their lives.

Also, in most cases, children and step-children were just as much victims of the violence perpetrated by the father/step-father.

Some women described previous moments when their relationships broke up, although the pattern included the tendency to return home to their violent husbands/partners.

They are women who resorted to strategies to survive and to carry on living in their homes. This form of survival emerges out of the needs they feel they have, notably for money and housing.

Neighborhood networks played and play an active role in protecting these women and in their search for solutions and/or answers.

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<sup>47</sup> Only one woman had a dating relationship in old age.

Now, looking at events through realistic eyes, when they look at their perpetrators, they see men who are bad and who do not respect other people. The men themselves, after unleashing violent acts against women, would react both with indifference (in most cases) and with regret.

Changes in violent behaviour in old age took the form, in some cases, of an increase in the frequency and/or degree of aggression and violence, and in other cases, of the opposite: a reduction in violence.

However, the most recent incidents of violence against these older women triggered reactions: they began seeking help and support, and in some cases, even broke off the relationship and left home.

One can see, essentially, a change in old age: these women now take and took informed and definite decisions (independent of our own evaluation of the results).

And they are fighting for they want to obtain.

They look for help, having reflected on the issue over a long period of time. They look for support, basically, from organisations such as police forces, city councils, the Social Security services, groups that support victims of domestic violence and, also, from organisations which support older people.

These last organisations, which offer services such as food, transport, house-cleaning and clothes-washing, turn out to be a significant help in improving the quality of life of older women who are victims of intimate partner violence.

It is important, however, to mention that the support and help they seek is not always matched by what they obtain, with particular criticisms being made of the police forces and the courts.

The needs that these women have are, essentially, to do with health, money and housing. They are women with health problems which they attribute, in large measure, to the violence to which they were subject throughout their lives. And even when they have worked for pay, most of the women interviewed receive pensions and incomes that are very precarious and insufficient to cover their needs.

When it comes to housing, three of the seven women continue to live with their perpetrator, even though two of them have already broken off conjugal

relations. Only one woman has been in a refuge, and there she found everything she needed, and learnt to live without fear.

In order to understand these older women who are victims of intimate partner violence, we have to listen to their voices and their experiences.

These were women who were active in the management of their own lives, according to the principles and norms of the society in which they were brought up. They were equally enterprising in their coping mechanisms and the survival strategies which they developed to deal with the violence inflicted on them by their husbands/partners (and boyfriend, in one case) throughout their lives.

It is our understanding that what is empirically described as passive acceptance of acts of violence has to be questioned here, because during their lives of intimate partner violence, these women always tried to find some sort of help, even if surreptitiously. In other words, the dynamics of the relationships which these women have described are not the result of their passivity or their acceptance of the violence. Rather, we are talking about contexts and living conditions in a particular time and place.

Besides, the characteristic most common to all these older women is the main one: being a woman. And this "being a woman" is a reflection of gender socialization dominant in Portugal, in the 1940s and 1950s.

What we find is a type of immobilization (Matos, 2006) on the part of these women who, despite describing themselves as competent, intelligent, sociable and self-sufficient, ended up adhering to gender roles and social beliefs, which prescribed them pre-determined types of behaviour and attitudes.

This immobilization is shared by other elements of the family, since if the silence surrounding their experiences of violence over many years is above all an individual one, it is also a family issue (on the part of children, siblings, parents and parent-in-law). And these silences are the fruit of a culture which (still) persists, one which is tolerant of violence inflicted on women, specifically against older women.



## VII

# Staff interviews

### 7.1.

#### Research aims

It is proposed that the range of services available to older women who experience IPV needs to be researched in order to identify potential areas for future service development. It is also important that research investigates the barriers that prevent older women from accessing the support they need and the difficulties professionals experience when attempting to meet the specific support needs of older women. This phase of the study, therefore, aimed to collect information on the services available to older women victims of IPV and the types of support available to them. This element of the study also aimed to investigate the difficulties professionals and services may encounter when providing support to older women who have experienced IPV and the challenges posed by such difficulties.

### 7.2.

#### Method

##### 7.2.1. Instrumentation

A Short Interviewee Form (SIF) was completed, prior to the commencement of the interview, which obtained personal and institutional background information from the participant (see appendix 4). The information collected from the participant included: gender; age; professional/educational background; organisation details; job title; job role; number of hours worked per week; and length of time working at the particular organisation.

An agreed, standardised interview topic guide was used within the staff interviews to explore particular areas of interest (see appendix 5). Semi-structured interviews explored professionals' experiences of providing support to older women victims of intimate partner violence but allowed for additional information from interviewees through the semi-structured nature of the process. The interview collected information on the following main topics:

- Characteristics of older women victims, perpetrators and violent relationships

- Specific needs of older women
- Co-operation/communication and collaborative working with other organisations
- Range and types of support and services offered to the older women
- Problems and challenges encountered in this work
- Recommendations for service development

Once the interview had been completed the interviewer completed an Interview Postscript (IPS) form. This form obtained information on details of the interview and provided a basic account of how the interview had been conducted. The information recorded on this form included: date/time of interview; location; disturbances; key themes that emerged; special features of the interview; possible starting points for analysis; noticeable impressions/problems within the interview; and the interviewer's evaluation of the validity and reliability of the information that the interviewee had reported. The main purpose of this exercise was to present the research team with an opportunity to produce a reflective account of the interview experience and provide some potential starting points for subsequent data analysis.

Both the Short Interviewee Form and the Interview Postscript form were developed to promote commonality of approaches between the research teams in each country.

### **7.2.2. Sampling**

The process of drawing up our sample was based on expressions of interest by people who had answered the institutional questionnaire (37) as well as on direct contact with other people who had been suggested to us (5).

It was our initial intention to interview a larger number of staff who had knowledge of individual cases. For that reason, we made a selection: 26 would be interviews with people who knew individual cases, and the other 4 would be people without such knowledge. However, in the course of the interviews, at least two people recognized that they did actually know some woman/women who were victims of intimate partner violence; the opposite also happened in one situation (where the perpetrator turned out to be the son of the victim). So, of the 30 interviews carried out, only 2 were with staff who had no knowledge of any individual case.

However, the greater part of the staff had personal knowledge of only a relatively small number of cases: 6 of them had only had contact with one older woman, and another 8 knew between 2 and 4 cases each.

We also tried to cover the entire national territory (mainland and islands). For this reason, and given restrictions of budget and time, 10 interviews were carried out by telephone, namely with those organisations who were furthest from Lisbon (such as, for example, those in the Azores, Bragança, Braga, Viana do Castelo and Portalegre).

Finally, we intended to involve staff with different professional backgrounds and who were working in organisations which provided different types of services (refuges, support groups for victims of domestic violence, public bodies, the police, day-centers and health centers).

### **7.2.3. Conducting the interviews**

Telephone calls were made and emails sent asking for cooperation and suggesting dates for the interviews. The large majority of those contacted agreed to the request for an interview. The difficulty frequently lay in trying to find a mutually convenient date to hold the interviews.

The interviews were carried out between the months of November 2009 and June 2010; half of the interviews were carried out in the months of April and May 2010.

Apart from those interviews done out by telephone, and two others (which took place in our office) all were carried out in the offices of the organisations to which the staff belonged.

In four cases, more than one person was present to answer the questions. And in a fifth case, halfway through the interview another person arrived to join in.

All the interviews were recorded successfully. The average length of the interviews was 1 hour and 40 minutes, the shortest being 32 minutes long, and the longest lasting 2 hours and 33 minutes.

### **7.2.4. Data analysis**

The interviews were partially transcribed, after an analytical grid had been drawn up detailing the main dimensions and categories covered by the questions of the interview topic guide, as mentioned above (cf. 7.2.1 Instruments).

As a first step, we proceeded to read all the transcripts of the interviews and then to select the parts which in some way illustrated the perspective of the staff on intimate partner violence against older women.

Secondly, we gathered up the data relating to the cases they talked about, whether they were generic or specific. It is important, at this stage, to remember that a good number of the staff interviewed had only had personal contact with a relatively small number of cases, for which reason they were often only asked about these specific cases.

Finally, we carried out the analysis, which is presented below – its basis being the topics already selected. It is important, however, to stress that the analysis we have produced is not based on the methodology of content analysis; first, we analyzed the interviews as narratives.

### **7.3. Sample characteristics**

In the course of the 30 interviews carried out with staff, 28 women and 5 men were interviewed (some interviews were carried out simultaneously with more than one staff member from the same organisation). Most of them (81%) were between 26 and 45 years old. The most common academic degree among them was psychology (39% of the interviewees), followed by Social Service (36%).

More than half of the interviewees (67%) work for organisations that offer support to victims of (domestic) violence, in counselling services for victims of violence, and/or in refuges. Six of them work for public bodies, such as the Public Prosecutor's office, the police and the Commission for Citizenship and Gender Equality; and five work for organisations that support older people.

More than half the interviewees occupy a position in the management and/or coordination of their respective organisations.

Despite this, 31 of the staff members have direct contact with women victims of intimate partner violence (older or otherwise). The work of 24 of these people is in large measure related to domestic violence (understood here as a broader concept in terms of the relationship between victim and perpetrator); only 6 people work with older people/ageing.

All the people (with one exception) work full-time at the organisation to which they belong. And a significant number of them say they work full-time with victims of domestic violence. In most cases, they have a working week of

between 35 and 40 hours, although many of the interviewees have said that they actually work longer hours every week than they are legally required to. Twelve staff members have fewer than 5 years of experience of working in the area of intimate partner violence, and eight have experience of between 5 and 9 years.

Nearly half the people interviewed (15) have been working for their organisation for fewer than 5 years, while another 11 have been there for fewer than 10 years. Only four have been working for their organisation for more than 15 years.

For about two-thirds of the interviewees, their professional roles have changed over a period of time.

#### **7.4. Staff views on intimate partner violence against older women**

The organisations covered by the interviews have had, altogether, contact with 220 cases of older women who are victims of intimate partner violence<sup>48</sup>. This number is, in the opinion of most of the interviewees, very low, when one considers the total number of women victims of intimate partner violence (independent of age) with whom these organisations had contact between 2006 and 2009.

*"This number is too low, I don't believe it reflects reality. If you take as a reference point a total of 7,800 people who were examined in relation to crimes of assault, which includes crimes of domestic violence and ill-treatment, as evaluated in 2009: of these, 2,446 were victims of someone in the family, and by August 2009 we had only examined one woman aged over 60." [Int. 11, National Institute of Legal Medicine, Social Worker].*

This number is also regarded as low because of the difficulties there are in obtaining a true picture of the country based on statistics about violence.

*"The statistics don't show the real country we live in, it's all very camouflaged... in all types of victimization, but especially in relation to older people." [Int. 20, Support Center for Victims of Domestic Violence, Social Worker].*

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<sup>48</sup> Two interviewed respondents weren't able to estimate the number of cases with which their organisations have had contact with.

It is important to stress that a good proportion of the interviewees place greater emphasis on the context of the violence, in particular the incidence of violence directed against women (gender violence), than on their age as the main dimension of the issue.

*"I don't think there is domestic violence against older women. I think there is domestic violence in which the survivor happens to be old. And that's based on our experience and the stories we have heard." [Int. 3, Support Center for Victims of Domestic Violence and Refuge, Psychology].*

#### **7.4.1. Characteristics of older women, of their perpetrators and their intimate relationships**

It is important, first of all, to get to know, in a general sense, the women who have contacted these organisations, their intimate relationships and their close relationships with their children and friends. Who are these older women victims of intimate partner violence who, in a certain way, have broken their silence and isolation and sought help from organisations?

*'These women have some fantastic characteristics... they have managed to survive their whole lives... and that's what they don't appreciate.' [Int. 3, Support Center for Victims of Domestic Violence, and refuge, Psychology].*

This is a statement that of course reminds us of the great capacity for resistance and resilience shown by older women who are victims of intimate partner violence; however, it also reminds us of the less positive view that they have of themselves.

They are women whose identities have been built on a strict social delineation of the gender roles – feminine and masculine: if men had all the power over people in the family, even if that meant resorting to violence, it was women's role to obey their husbands' orders (translated into the expression "swallow it and shut up", referred to so many times by the staff).

*"They are women who in many cases saw their own mothers being attacked by their fathers; the whole question of male domination is very deep-rooted and almost unquestionable; they play a passive role in the relationship. One of the most shocking things I have ever heard was: 'look how it is now that he no longer treats me as his servant'... it is the act of serving someone, with the male partner in the role of lord and master, and her in the role of slave." [Int. 22, Support Center for Victims of Domestic Violence, Psychology].*

*"He would shout a lot at his wife, even though he was bedridden and in a state of dependency. It seemed as if he wanted to tell her that he was still in charge. She told us that 'she had gone through so much in her life but she had her children to bring up, it was always him who worked, I hardly left the house, I only bought what he thought I should buy, it was always like that.'. The woman said to us: 'you can leave now, but it wasn't like that before'. He continued to show that she was the one who had to submit." [Int. 15, Day Center/Home Care Service, Social Worker].*

And although, according to our understanding, age is not the main factor which sets off the violence, it is certainly one of the most important dimensions to consider in all our analytical work. There is also a generational dimension that it is important to take into consideration.

*"It's to do with their generation; they think they have to put up with it, their mothers and grandmothers taught them that their husband was almost like their owner, that was what she chose and that's the cross they have to carry." [Int. 12, Support Center for Victims of Domestic Violence, Social Worker].*

*"They [the men] were educated to possess the woman as an object: afterwards they got a good pension, which is also synonymous with male superiority." [Int. 25, Support Center for Victims of Domestic Violence and refuge, Psychology].*

It must also be a generational issue that means that the majority of women identified as having established links with support organisations are in an age range from the early 60s to 70. Older women of more than 70 probably have greater difficulty in making the decision to seek help<sup>49</sup>. In other words, we are talking about women with one or more decades of age difference between them, who have lived through different social periods in terms of relatively greater equality between men and women, as well as different levels of access to information about their rights.

But however great the socio-cultural change that we have seen in the past 20 years, the weight of a gender socialization based on male domination has had repercussions for these women, both in conjugal relations and in parental relations.

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<sup>49</sup> However, cases involving women older than 80 were also mentioned

*"There has been socialization in this sense, that at a certain point they began to look at the violence in terms of 'take two, pay for one', in other words, the violence becomes part of the intimate relationship. Their whole family upbringing was like that, and they internalize the dominant role of the man and the passive role of the woman, and often conflicts are resolved through violence, not only towards them but towards their children. Even if they don't agree with it, they accept it." [Int. 22, Support Center for Victims of Domestic Violence Psychology].*

And male domination also has consequences for their access to economic resources. Although a significant number of these older women have had paid work (especially those who lived in urban centers), some of them never had control over the income they received. Alongside this male domination, there must surely also have been particular family and social contexts.

*"They had been emigrants. She said that she had always been a slave of this man who deprived her economically: the money went into a bank account, and she had only very restricted access to the account; she had to account to him for all the trifles she spent." [Int. 29, Support Center for Victims of Domestic Violence and refuge, Psychology].*

*"A very striking woman, with a degree, she had worked her whole life, with a professional career which she carried out while living in a 30-or-so-year-long marriage marked from the beginning by extreme and serious violence: physical: (blows of the most serious kind), psychological (death threats, coercion, deprivation of freedom), sexual violence (a lot of rape) and financial. The entire income of this lady, which was a good one, was taken out of the account by her for him; this woman never had money on her." [Int. 9, refuge, Psychology].*

However, given the fact that, among those who worked, the majority did it in domestic service (even in situations of emigration to other countries of Europe or the USA) or in agricultural family smallholdings, and although they made some Social Security contributions, the pension they currently receive is very low, which puts them in a state of relative financial dependency.

However, some of the women spent their whole lives as so-called housewives, working long hours but at home, for no income. And it's particularly these women who find themselves in a situation of greater financial dependence on their husbands.

*"A lady of 63, she had lived with her husband for 37 years. The relationship of this lady was always one in which she was ill-treated, fed*



*by his male status – he was the master of the house, he managed the domestic accounts, she was the typical mother and wife, who had that kind of trust in her husband: he managed her own economic goods.” [Int. 29, Support Center for Victims of Domestic Violence and refuge, Psychology].*

*“A lady of 72 who didn’t have a pension because she never contributed. He was a taxi-driver (self-employed), they weren’t dependent on the land, and people in that area could only get around by taxi, so that gave them a fairly comfortable lifestyle. She had always been a domestic servant: she left her parental home at twelve years old because they were poor, and she went to work in a house where she met this husband.” [Int. 22, Support Center for Victims of Domestic Violence, Psychology].*

*“These women worked at home, while their husbands worked either on the dams (which were being built at the time and provided a lot of work in the area) or they were immigrants: the man was the only source of financial income in the families. The women thought it was him who was going to earn all the money and they had to keep quiet and put up with it.” [Int. 22, Support Center for Victims of Domestic Violence, Psychology].*

We can see that there still exists, for the great majority, a common denominator in the intimate relationships of these older women: we are talking about women who have been violated by their husbands ever since the beginning of their relationships. In fact, in almost all the cases mentioned, violence has always been (and in some cases, still is) present, since the beginning of the conjugal relationship, and even during the previous phase of dating.

*“In the great majority of cases, they have known each other for many years, some of the women say that they were childhood friends. There is a process of victimization starting practically from the very beginning of the relationship, beginning gradually; the frequency of the attacks increases bit by bit, as naturally does their severity.” [Int. 11, National Institute of Legal Medicine, Social Worker].*

*“Some of the women were already victims when they were dating, which at the time they didn’t take seriously, but now, when they look back, they recognize that it was the beginning of something.” [Int. 22, Support Center for Victims of Domestic Violence, Psychology].*

However, intimate partner violence was not always perceived even by the women themselves.

*"Many of them say that he only started now, but after we ask questions, we realize that's not true, that it wasn't even the first act of physical violence, because the 1st slap, the 2nd slap and the 3rd slap weren't identified as violence... of course, the person was on the receiving end of it and noticed it, but they didn't identify it as an act of violence... there was always a context, an explanation, but not an awareness." [Int. 3, Support Center for Victims of Domestic Violence and refuge, Psychology].*

And for some of these women, these husbands have been the only men in their love-lives.

*"77 years old, with 50-something years of marriage behind her. She married (ordered to do so by her father) because she got pregnant; she married in her early 20s." [Int. 12, Support Center for Victims of Domestic Violence, Social Worker].*

In fact, when the woman has married for a second time, the good and the bad of the relationship is assessed in a different way, influenced greatly by the current culture of society.

*"When we have a woman who is on her second marriage, the will to free herself already exists. It's the first man who really makes such an impression, and that's a cultural issue, it's do with the values of our civilization." [Int. 11, National Institute of Legal Medicine, Social Worker].*

We are dealing with relationships where the violence was – at a younger age – of a physical nature, but in old age it is above all psychological, verbal, and in a large number of the situations, economic/financial.

*"There is a crescendo in the level of violence and then, with increasing age, there is a reduction in the intensity of the violence, which I think is connected with certain physical incapacities. But, at the same time, there is an increase in the intensity of the emotional violence – the women say that 'he is always moaning at me, annoying me, complaining about everything', and that wears them down a lot." [Int. 11, National Institute of Legal Medicine, Social Worker].*

*"At the beginning of the relationship, the violence began by being physical, and over the course of many years as well; then afterwards it*

*gradually diminished and became much more psychological. They also mention situations of sexual violence and economic deprivation.” [Int. 16, Support Center for Victims of Domestic Violence, and refuge, Psychology].*

*“The most serious situations for these older women took place when they were between 25 and 40 years old: extreme forms of violence such as breaking arms, cracking open their heads, dislocating collar-bones, which left them with physical pain.” [Int. 22, Support Center for Victims of Domestic Violence, Psychology].*

*“She was a victim of domestic violence right from the start: she got married in September and at the end of November she was already pregnant (after a romance of 7 months). She was attacked several times during pregnancy because the man did not accept the son (...). The violence got worse and worse all the time – the first few times it was just an insult, a slapping, then there were a series of attacks all over the body, there wasn’t one particular place to be hit, then it was with objects: a broken arm (which was worse), a fractured skull, her hip-bone was dislocated because of a push down the stairs. The situation only got better when she fell pregnant with a daughter, and then she says that he changed: he treated her well during the pregnancy, he helped her during the first few days because the birth made her unwell. But the violence quickly returned (...) she describes repeated situations of psychological violence, the physical side no longer in the way she had been subjected to before (a push, um slap); she was very offended to be called ‘daughter of a whore’ because that was an insult to her mother.” [Int. 22, Support Center for Victims of Domestic Violence, Psychology].*

However, even though it was part of the past, some of the women had experienced very violent incidents.

*“In 6 years in the refuge I heard about the worst kinds of situations... macabre forms of physical violence... the physical attacks took place almost every day, but beyond these was a beating so severe that the woman was unconscious for several hours, and he didn’t help her, and on the following day, she woke up on the floor with her ear-drums burst and bleeding.” [Int. 9, refuge, Psychology].*

*“She cleared up all the things he had, and took them to the car in a black bucket with wire on the outside, and when he saw the bucket, he got upset, took everything out of it, and stuck the bucket on her head, and twisted it several times... she ended up with two big wounds on her*

*face, and even so she had to say sorry to him for having got cleared out his things.” [Int. 12, Support Center for Victims of Domestic Violence, Social Worker].*

And other women, even in old age, suffered incidents of great physical violence.

*“A woman whose husband had had a stroke and as a result had difficulties with his mobility, walked with crutches and had difficulty in making certain everyday gestures – it was her who did them [for him], but since he couldn’t hit her with his hands any more, he hit her with his crutches.” [Int. 11, National Institute of Legal Medicine, Social Worker].*

But the psychological and verbal violence to which these older women are subject, particularly now, has left/is leaving them with deep psychological scars.

*“Physical violence isn’t anything new or strange, ‘I’ve always been hit all my life’; what they react to is the psychological violence, when their men say to them: ‘you’re worthless, I never liked you, you’re useless, you’re stupid.’ They feel completely humiliated in public. They are very strong women but they feel that they’ve stopped being people.” [Int. 12, Support Center for Victims of Domestic Violence, Social Worker].*

And in some cases the violence has had a direct impact on the health of these women.

*“A lady of 63, she’d lived with her husband for 37 years and had suffered physical, psychological and economic violence. This woman is an example of the way in which a situation of violence makes you deteriorate physically, of the impact of violence on your physical health. She couldn’t put on weight, she had anaemia, her physical health was compromised. When we were with her, at the moments of greatest tension, her physical health got worse. (...) Even after she’d left home, this lady was subject to persecution, threats: she has given us to understand he has mental health problems.” [Int. 29, Support Center for Victims of Domestic Violence and refuge, Psychology].*

Incidents of sexual violence were also described. Some of these older women referred to them and said to the staff that they had forced sexual relations with their husbands: these went against their own will, but they understood that this was a way of ‘fulfilling their duties as a wife’.

*“We have also been told about some sexual violence, not so much rape but the obligation to engage in sexual practices without wanting to, but*

*they say: 'this way, he leaves me in peace.'*" [Int. 11, National Institute of Legal Medicine, Social Worker].

*"A couple of practically the same age (60 or so), living in the countryside, 3 children who had already left home. She discovers, during a routine appointment at the family doctor's, that her husband has HIV; he's known about it for five years. It's been a marriage of great submissiveness, where the man has the power and is in charge, and the woman has to be at home. The fear of getting ill motivates her, and she has a conversation with him and says she won't put up with it. After that, he starts to persecute her and forces her to have relations with him. She leaves home with death threats hanging over her: he forces to leave home and watch him engage in a sexual act with someone else. Terrible violence of a sexual character with associated death threats (he said he had nothing to lose)." [Int. 26, Support Center for Victims of Domestic Violence, and refuge, Social Worker].*

*"A woman of 66, a cancer patient, who when she got ill, went to sleep in another room. Rape – the husband forces her to have sex, even though they are living in separate rooms. The physical and verbal aggression is constant and is a manifestation of precisely this: since the beginning of the marriage, she's been forced to have sex (...) She says he's bad. When he retired he began to drink more frequently, and when he has a go at her is when he's under the effect of alcohol; on the days when he doesn't drink there's not a sound in the house. (...) The violent episodes have been getting worse and worse in the past 15 years, since she made the decision to go and sleep in another room. [Int. 27, Support Center for Victims of Domestic Violence, and refuge, Social Worker].*

And there are cases where the violence has taken on all possible features, including the deprivation of basic needs, such as a simple cooker.

*"She was physically much more violated in her 30s and 40s than she is now. It's been a marriage lasting 40 years... and not just psychological, physical and sexual violence but also at the level of basic needs, of living conditions. They had a house but didn't fully use it... they lived on the ground floor, which was a shop, and it was a battle [between them] to get it tiled. And the cooker was a gas canister cut in half by wood (still in 2007)... that was an imposition of the husband, so as not to spend more money." [Int. 4, Support Center for Victims of Domestic Violence, Lawyer]*

The violence is also characterized by a control over women's movements (great control over when they go out, their hours and the people they see). This control increases when the couple spend more time together, the result of retirement, especially that of the husband.

*"The fact of the man also having retired and being at home more has worsened the situation: in other words, those moments of relief that the women had when the men were working have gone, and the need to ask for support or speak to someone has become more intense." [Int. 3, Support Center for Victims of Domestic Violence, and refuge, Psychology]*

*"Sometimes with retirement, and with the husbands coming home, things begin to go badly, with a great deal of psychological violence. I have the feeling that stopping work, spending more time together makes the situation worse." [Int. 1, Support Center for Victims of Domestic Violence, Psychology]*

They are relationships which, in the opinion of the staff, stopped being constructive a long time ago.

*"But in most cases these relationships have been fragile for a long time, and once they reach a certain age there is more psychological violence, more verbal aggression, more threats in various contexts. There are also cases where the violence is already bad and simply goes on." [Int. 1, Support Center for Victims of Domestic Violence, Psychology]*

Besides, some of the perpetrator husbands make/have made little investment in the conjugal relationship.

*"He would humiliate and insult her; in terms of the cycle of domestic violence, there was no honeymoon phase (there was the tension phase, the violent phase but never the honeymoon); there was no investment in seduction, in asking for forgiveness and changing." [Int. 29, Support Center for Victims of Domestic Violence, and refuge, Psychology].*

*"They are drawn-out situations and they're in crisis every day, there are no peaks and troughs, it's constant." [Int. 26, Support Center for Victims of Domestic Violence, and refuge, Social Worker].*

And in some cases, the worsening of the psychological violence in old age is the result of physical violence that was so serious and so constant for so many years that now, in old age, psychological violence is enough.

*"With older perpetrator husbands, it's not that common for there to be physical violence at this stage. Reasons for this include not just their age, but also the gradual deterioration of the relationship – so he doesn't feel like hitting her any more, an insult is enough, because an insult has more effect than the physical violence of years gone by. Because the relationship has deteriorated so much, the resignation is so great, that it makes no sense to hit her, because the women are already so (as they themselves say) 'tamed' that there's no need to hit them."* [Int. 22, Support Center for Victims of Domestic Violence, Psychology].

Another notable feature of many of these situations is the lack of a supporting family network, with the children hardly or never around. The perpetrator ends up being the person who is closest to the victim.

*"The most common characteristic of the women who I've seen is the lack of support networks: either they don't have children or they're hardly around. People get very isolated and the perpetrator ends up being the closest or the only person with whom they have contact."* [Int. 1, Support Center for Victims of Domestic Violence, Psychology]

*"As a rule there are children, grown-up and living on their own, and sometimes we are surprised at the way the children have grown distant from the parents (they don't want to get involved, 'let them sort it out themselves')"* [Int. 11, National Institute of Legal Medicine, Social Worker].

*"A woman of 82: she'd been sent to us by the Public Security Police, the neighbours had raised the alarm. The police took her to her son's house, but he would only have her there for a day or two and practically dumped the responsibility for resolving the problem on me [staff member]: it was me who had to find a place for the woman. But I spoke to the son and drew his attention to the fact that as a son, he had responsibilities. She [the woman] stayed in his house for about two weeks so that we could get various forms of support up and running. The son always thought that it was my problem: I was the person from the victim support office, the woman was the victim, so it was me who had to find a way out of the situation. He often negotiated with me using threats; one time, at 10 o'clock in the evening, he threatened to throw her out."* [Int. 14, Support Center for Victims of Domestic Violence, Psychology].

As the primary support network, the children have a role in the problem of intimate partner violence that can either help to make a break easier, to improve the living conditions of their mothers, or to contribute to keeping the violent situations as it is.

*"The children can take her to ask for help, or they can keep things as they are – often it's the children who do not want their parents to move towards a break-up, and the women don't want to go against their children's will. But when the relationship between the children and their father is bad, then it can happen." [Int. 4, Support Center for Victims of Domestic Violence, Lawyer].*

In some cases, the children have been direct victims of the perpetrator's violence, and in these cases, there seems to be an even greater distancing of the children from the mother. In fact, the mother is also seen as the perpetrator (passive or not).

*"The children grew away [from the parents] in a defensive way: the son lives in France and says that his father wasn't his father, and his mother didn't know how to protect him; he saw his mother as a passive perpetrator and cut himself off completely from the family. The daughter lives in Porto, and doesn't want to get involved 'for my own sake'." [Int. 22, Support Center for Victims of Domestic Violence, Psychology].*

*"One 68-year-old lady came here with a younger women friend who said that 'this lady has been the victim of ill-treatment for many years'. We called her daughter, and the lady stayed at her daughter's house that night. We went to the social security service and when the children had been called, they said 'I was always a victim of ill-treatment at the hands of my mother and my parents... I always knew them in this sort of life' and they [the children] wouldn't do anything. She went back to her husband's house. When she got there, he had already put black clothes in the window, as if to say he was already prepared [to go into mourning]" [Int. 25, Support Center for Victims of Domestic Violence, Psychology].*

However, in many cases the children are mentioned as the main reason why [the woman] eventually leaves the relationship – now, at a time of life when the children have already left home, these women feel that their situation can change.

*"When she complains about the situation (at 61, 62), the children are already grown-up and she thinks that now she can do it - 'she doesn't*



*need to give their children a father any more.” [Int. 22, Support Center for Victims of Domestic Violence, Psychology].*

*“That’s the age [60] when the children are leaving home, or they’ve already left, and often it’s the children who support them... the families don’t have the economic wherewithal to maintain a second house, and the woman, if she wants to leave, will find it hard to accept leaving without the children – this is my own personal interpretation – since they don’t have the means, so she will go on putting up with it until the children are self-sufficient. Maybe in this phase, the women can’t any longer see any reason to go on putting up with this treatment, because the central reason for it was to be the children, and now they feel freer even to make a formal complaint about their partner because it’s only themselves they have to think about.” [Int. 24, Public Prosecutor].*

*“A woman of about 60, with 3 children, who was raped for many years, and is now at the house of one of her daughters. A situation which was triggered by the daughter, who went with her mother to the police station. The woman was raped by her husband for many years, including during pregnancy. And she let it go on and on (in a marriage lasting almost 30 years).” [Int. 19, Police Officer].*

*“The oldest woman who came to us was 87; she came the day after her youngest daughter got married.” [Int. 25, Support Center for Victims of Domestic Violence, Psychology].*

In other situations, the intervention of the children comes in the form of an attempt to help the equilibrium of the intimate relationship, or by contributing to an improvement in the quality of their mother’s life.

*“She’s 80 or so. She made a complaint because she had the support for some of her children (...) The children are more alert to what is happening and often speak to the father, and this can contribute to a change in his behavior.” [Int. 16, Support Center for Victims of Domestic Violence, and refuge, Psychology].*

*“A woman who is already divorced but who lives in the same house, and continues to be a victim of verbal aggression; the children have already told her to leave home and live with them, but she says the house is hers as well, and she won’t leave. A woman of 65, and a husband of 70; she’s always been his victim; the children say she has mental scars from the physical violence of which she was a target. The children worry about their mother but do not see their father. For a long time she didn’t have access to the bathroom to have a bath; she did it when her*

*husband was not at home; now the children have reorganized the house so she does have access to it.” [Int. 17, Social Security Service, Social Worker].*

*“The allegation came to us via the son, who has a troubled relationship with his father, and lives with his parents. There was a daughter who had tried, but the father hit her and told her she shouldn’t get involved, that it was a problem between father and mother; the marriage was for life, and he had to set mother straight. The other two children used to say that that was what their mother wanted.” [Int. 7, Support Center for Victims of Domestic Violence, History].*

Some women show a sense of guilt when the intervention of the children on her behalf causes a breakdown in the relationship between them and their father.

*“At one of the hearings, the son was called to testify, and she was very upset because the son said the father was very violent towards the mother, and from that moment on the father stopped talking to the son, and she thinks she is responsible for the breakdown in the relationship between father and son.” [Int. 12, Support Center for Victims of Domestic Violence, Social Worker].*

However, according to some of the staff interviewed, most of the older women who are victims of intimate partner violence are those who do not want to separate or divorce, nor to leave home or the relationship. Rather, what they want, as the staff understands it, is that their husbands should change.

*“They are not hoping to leave home, or to have their husband arrested, because that’s not what they want: they tell us ‘I only want him to have a fright’ and that nothing more should happen. What they want is for their husbands’ behaviour to change radically, they want the same husband but without the violence.” [Int. 11, National Institute of Legal Medicine, Social Worker].*

Therefore, and in some way in contrast to the understanding that the majority of older women victims of intimate partner violence against do not want separation or divorce, nor to leave home, a large part of the particular cases mentioned point to the opposite, as is the case with the majority of the older women interviewed in this study.

It is also important to mention that a large part of the professionals refer to the particular cases of these women as being different from the general situation, as

these are only the women who were willing and able to seek help or a way out. Although it is not a steadfast rule, the fact is that some women declared to professionals that, *"the more they reacted, the more the violence increased."*

Alongside help-seeking behaviour or breaking of relationships, some influence from the living conditions of the household was also detected. The rural lifestyle is marked, still, by more restrictive and traditional social gender norms in the sense of the preservation of matrimonial relations.

*"In our experience they are women who live in rural areas, who excuse their perpetrators on the basis of cultural and religious issues, who justify their presence in an abusive relationship, and are extremely averse to change. The majority of them, even after our intervention, do not abandon the abusive relationship."* [Int. 22, Counselling Service for Victims of Domestic Violence, Psychology].

The excusing of the behaviour of the perpetrator is rooted, often, in logic of the reconstruction of violence determined by the pathological behaviours of the perpetrators, particularly with reference to alcoholism.

*"Long-term marriage (42 years), wife submissive to the will of the husband, associated with his alcoholism. Initially, she did not associate the violence with the alcoholism but through the course of counselling understood that this was the motive."* [Int. 20, Counselling Service for Victims of Domestic Violence, Social Worker].

*"The vast majority (6) of these cases involved situations of alcoholism and associated, or not, mental illnesses on the part of the perpetrator. Psychological and economic violence (dispossession of funds); physical violence not so much. Situations with more than 20 years (throughout the whole marriage). What triggered the violence most was alcoholism and drunkenness."* [Int. 26, Counselling Service for Victims of Domestic Violence and Women's Refuge, Social Worker].

*"Alcoholism is very common amongst older perpetrators."* [Int. 25, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].

*"What she wanted was to treat her husband's problem because everything rested on his alcoholism – 'if he's not drunk, he is a good husband, a good father, it's the wine that ruins everything.'" [Int. 22, Counselling Service for Victims of Domestic Violence, Psychology].*

Some professionals still frequently make reference to the fact that, *"if he has always been like that, he is not going to change now; on the contrary, now in old age he is even worse"*.

*"She took many slaps, kicks and shoves; threats, defamation, shouting and insults were also common. She said that he was mean, he always was, so that she did not expect anything else from him, she conformed; the relationship was always one of mistreatment. There were always insults, threats and in a final phase there was even stranger behaviour – he started to play the cornet loudly in the house as a way to annoy her; it was more the type of behaviour that annoyed, rather than anything actually very serious."* [Int. 29, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].

For some of these older women victims of intimate partner violence, an association between age and the physical frailty of their perpetrators is very present; and it is that association, allied with a social representation of the wife as the carer of others, that makes them maintain the relationship and also, care for their husbands.

*"They associate a lot that the husband is in that situation because he is ill, it is due to age and one doesn't abandon an ill person."* [Int. 4, Counselling Service for Victims of Domestic Violence, Lawyer]

*"The lady has a very maternal attitude and says that if she has not done anything up to now, she won't now that he is old and needs her and she has to treat him – 'I don't want him to go to jail, I don't want to go to court, I just want him to be treated so that he stops with the violence, because I am also not going to separate from him now that I have to care for him.'" [Int. 22, Counselling Service for Victims of Domestic Violence, Psychology].*

There exists, in this type of attitude, a tendency for the older woman to excuse the perpetrator, placing the blame meanwhile on themselves, which tends to attribute the behaviour of the perpetrator to problems inherent to themselves, namely, in one of the cases, to her own poor health.

*"The lady finished by saying that she was a victim of violence and that this had been aggravated by her poor health, as being unable to fulfil her duties as a wife, sexually speaking, the husband had started seeking a solution outside of the marriage and it had become evident in the community. This lady confronted her husband and he attacked her, saying it was her fault. She relied on her pension to live and the*

*husband kept it from her. The violence increased in old age, motivated by poor health. She tried to play down the incidents but neighbours said they were very common and in public, even physical violence – he struck her to the ground, shoved her; there were two or three episodes a week.” [Int. 17, Social Security Service, Social Worker].*

The question of age, not only of the victim of violence against older women but of the perpetrator, also elderly, is a preponderant factor in the logic of excusing the perpetrator.

*“It is a complex problem and the older one is, the more difficult it becomes and the fewer support networks there are. For a woman of 75 years, the perpetrator is seen in a different light than by other people, more excused.” [Int. 14, Counselling Service for Victims of Domestic Violence, Psychology].*

*“They are, above all, merely social cases, here I often exclude the legal part because does it make any sense to send an individual of 76 years of age to prison or to apply measures of constraint to this man? An individual that can no longer walk unaided or bathe on his own, does it make sense now to punish him or put him out into the street? Who will take care of him? I see much more in an attitude of community services, in social terms, or medical services, of support and protection for this couple, so that they can continue to live together, with all due accompaniment and protection necessary to gradually eliminate violent behaviour, than putting this man in prison. Now I don’t think the same for a man of 50.” [Int.11, National Legal Medicine Institute, Social Worker].*

There were three cases mentioned of victims of intimate relationship violence against older women who were in situations of dating in old age.

*“One older lady, from the day centre, who lived alone, fell in love with an older man who was a little violent. She was around 70 or 80 and he was in his sixties. We tried to pass this to her family but the son did not care... The son thought that it was not true, that we were exaggerating and that it was no longer worthwhile to fight for his mother and ended up placing her in a home.” [Int. 6, Day Centre/Home Care Service, Social Worker].*

In one of these dating situations the consequences of violence perpetrated by the perpetrator were fatal.

*"A 68 year old woman, met the perpetrator, 72, at a ball. The lady was a widow and there was a point where she lost her trust in the man, who was divorced because he assaulted his ex-wife, and wanted to stay away from him. He did not want to, and threatened her. She reported various complaints and he began shooting a gun at her house. She made contact with our service on the same day that he followed her to the supermarket. Her son, 39, went to meet his mother (he no longer lived with her), saw the man there and told him to 'leave my mother alone'; the man pulled out a gun and shot the son in the neck and he died at the scene. The subject did not give himself up and fled; he was captured two days later. The woman has been accompanied by the service for more than a year. Besides the psychological violence, this lady believes that she is to blame for the death of her son. (...) The son also came here various times, to the service, and we always advised him to do nothing to the man, to not exercise violence against him and then he ends up dead! It is extremely frustrating!" [Int. 25, Counselling Service for Victims of Domestic Violence, Psychology].*

#### **7.4.2. Specific needs of victims of intimate partner violence against older women**

Do victims of intimate partner violence against older women have specific needs? Of what nature? Related to old age or women old age? These are some of the questions that seem pertinent to us and should therefore be asked.

There is a tendency, on a socioeconomic level, for older women to be more prone to gender inequalities by virtue, largely, of their professional careers (or the absence thereof); in this way, they are more vulnerable to poverty as they receive particularly low pensions. Thus, they frequently find themselves, as emphasized by those interviewed, in situations of increased economic dependence on their husbands.

Associated with these economic difficulties are, in various cases, shortages on a housing level. In the face of these difficulties, solutions are brought about that frequently involve the sharing of the home, even when the relationship has already broken down.

*"We have cases in which the people are divorced but share the house due to economic difficulties in finding an alternative and the psychological violence continues." [Int. 16, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].*

*On the other hand, the professionals often refer to the attachment that these older women have to their home. This attachment can be an emotional affection, but can equally be related to issues of social order.*

*"The pension payments are very low, they are not enough to pay the rent on a flat , what happens regularly is that some ladies opt for a pension and are dependent on support in a social refectory and those that don't want to choose this alternative often stay in their own homes. It is also noted that there is a great resistance to leave their things, their possessions, their house, and their pets. And this makes it quite difficult to take a position of breaking away." [Int. 16, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].*

A long relationship with the place where their home is located; with the neighbourhood that they have known forever and with which they have established bonds of friendship; with the services on which they have always relied; with the home which they have cared for their whole life... Perhaps this is why, in the understanding of the professionals, these women are more resistant to change.

*"They have more particularities; they have more difficulty in leaving their house, their things, they are more reluctant to change; they prefer accompanying support to talk about the subject and this takes longer than with younger people." [Int. 4, Counselling Service for Victims of Domestic Violence, Lawyer].*

There are also women who are socialised to 'marry for life', carrying the 'cross the God gave them' no matter what. The traditional family values are very present in these women.

*"It is a more complex situation motivated by the family (adult sons and daughters who do not want to take sides) and by the years spent together. There are longstanding neighbourhood relationships which are much closer than nowadays. They think 'how do people look at me now? I abandoned him, ended up becoming a bad wife.'" [Int. 2, Counselling Service for Victims of Domestic Violence and Women's Refuge, Social Worker].*

Perhaps it is for this reason that they ask for help treating their perpetrators' illnesses.

*"They are much more orientated towards intervention, or the request for intervention, for the person that assaulted them: 'if you talk to him, if he was interned, maybe if he received treatment, he would stop acting in*

*this way, he is sick, what will the community say if I leave him?" [Int. 17, Social Security Service, Social Worker].*

In some cases, there is still a social and familial pressure felt to maintain the appearance of a 'normal couple' in the eyes of third parties, masking the existence of conjugal violence.

*"What happens is that they report it when the children have left home; and they start to sleep in separate rooms. In one case, which is right here, she only sleeps in the same bed as him when the grandchildren sleep at their house." [Int. 25, Counselling Service for Victims of Domestic Violence, Psychology].*

These women present major difficulties on a decision-making level, in most part motivated by their limited access to the decision-making process throughout their lives.

*"They are women with a great strength that they don't realise, with a brutal capacity of resistance but after they are people who do not have any experience of autonomy, of making decisions and it is complicated... it is almost like learning to walk... Sometimes they are women whose parents were perpetrators and they have always lived with violence, and from there they have married men who mistreat them because they don't know their rights." [Int. 3, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].*

In almost all of the interviews what was very obvious was the necessity of these older women to share their experiences, in the sense of having someone to listen to them.

*"They want to share, to find some emotional consolation. And when they share they don't talk much of the violence of the past and the psychological violence is not valued; they speak more of illnesses or of difficulties to do with old age and not violence. They mention that now he is better, no longer like he was before; only when he drinks can things get a little bit worse. But they don't value it; there is a certain denial about what is happening to them." [Int. 16, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].*

*"The accompaniment which we do much of the time is of emotional stabilisation, valorisation, to give the person the opportunity to share and let out the resentment that they have, so they can give new meaning to their emotions. It is a great necessity that older people*



*have: to have someone who listens to them and to get to a place where they have the confidence to be able to speak even with no practical consequences.” [Int.1, Counselling Service for Victims of Domestic Violence, Psychology].*

Some of these women do not only feel alone; they suffer, in fact, from depression.

*“These women present depression, profound sadness, a great apathy. The children are no longer living at home, and they have to put up with their husbands on their own, and this causes a lot of hurt.” [Int. 26, Counselling Service for Victims of Domestic Violence and Women’s Refuge, Social Worker].*

Furthermore, there is evidence of the isolation and loneliness in which many of the victims of intimate relationship violence against older women find themselves.

*“Older people have a need to speak and realise that they live in a different time, where women do not have to do what men want them to. Through the sharing of these experiences with other women, perhaps they can realise that they are able to fight back, that they do not have to be submissive. But these are very lonely people.” [Int. 26, Counselling Service for Victims of Domestic Violence and Women’s Refuge, Social Worker].*

And with relative ease, particularly evident in cases of women with reduced mobility, an association is established between social isolation and negligence in the level of care which these women need.

*“Couple (wife age 60 and husband. 62) with low levels of education. The wife has had both legs amputated; she has a quite complicated character, in this situation for a few years. She never did paid work, he now makes a living doing odd jobs. They have no children; the only people with whom they have contact are nurses and our association. She is neglected by her husband, who leaves her at home until 3p.m. when she eats, (despite being diabetic). He does not take care of her. She regularly says that ‘he does not care about me’” [Int. 30, Health Service, Nursing].*

*“The complaint comes in that the man was an perpetrator in various aspects – he didn’t hit her but he threw things at her, he wouldn’t let her*

*use the wheelchair because she was scratching the floor and doors with it and he neglected her in terms of shopping (she would not do the shopping, it was him who brought home what he deemed necessary or not); her medication was not taken in totality because there were some that were very expensive and not state-subsidised, and he did not buy them. She had to clean the house, have lunch ready on time.” [Int. 7, Counselling Service for Victims of Domestic Violence, History].*

The perception that many professionals have is that older women need different care than that which is given to other victims of domestic violence, care that does not end up being given.

*“Lady, 84 years old (...) came here with a neighbour who had reported the violence to the police. The neighbour wanted the lady to stay in the service but it was difficult to find a place for her. The lady was very lost in time and space. While she was in the service she decided that she wanted to visit first the house of her cousin, and then her sister’s house. She saw that she wasn’t receiving the help that she needed in the service. She is still at her sister’s house until now; she doesn’t want to return home.” [Interview 12, Counselling Service for Victims of Domestic Violence, Social Worker].*

*“When these women are put into the home, they are welcomed and given refuges but there is no work down on the rest. How will this victim be, who was taken from her own house, if, afterwards the work stops there?” [Int. 15, Day Centre/ Home Care Service, Social Worker].*

In summary, taking into consideration the opinions of the professionals interviewed, the specific needs of older women victims of intimate partner violence will be a result of, in large part, the disadvantages of gender belonging, accumulated throughout their lives, allied to the violence that, in the majority of cases, they have been subject to during their whole lives.

#### **7.4.3. Experiences of working with older women victims of intimate partner violence: Cooperation and articulation between organisations**

“We don’t have much experience” was one of the most commonly heard phrases with regards to the experience of organisations in this field. In fact, as referred to before, what stands out is the reduced contact of the staff interviewed with cases of intimate partner violence against older women, in particular when a comparison is established with all the cases of domestic

violence with which those interviewees had or have contact. As mentioned in one of the interviews, *"in relation to reality this is a vastly reduced number; these are the ones who came here."* [Int. 3, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].

A large part of the referred cases were passed on to the organisations participating in this study by other organisations; among the most referred are the police and the Social Emergency helpline, with particular relevance in cases originating in urban scenarios. In a large part of the situations where the police were called to intervene, the request for help was made by a third party, namely by neighbours.

*"Women, 82; came to us from PSP (Public Security Police). There had been a report filed by the neighbours. It was a common occurrence: during the night the husband assaulted her and that day the neighbours decided that it was too much and made the complaint."* [Int. 14, Counselling Service for Victims of Domestic Violence, Psychology].

*"In none of the cases was it the victim who sought help, it was always through other entities and organisations; even those who came to us from the police, it was not them who went to the police, it was someone who called the police to intervene."* [Int. 14, Counselling Service for Victims of Domestic Violence, Psychology].

*"The majority of those that came here were through reports filed to the police by the neighbours and the police went to the house."* [Int.11, National Legal Medicine Institute, Social Worker].

Other people interviewed mentioned that older women victims of intimate partner violence call upon more the social worker that accompanies them (in the Social Security Service or in the Parish Council), with whom they have already established a relationship of confidence.

*"It is these social services which pass on these cases or the family of the victim. The younger women call more upon the helpline or the social services at the health centres or hospitals. The older women seek someone who they trust (generally social services)."* [Int. 26, Counselling Service for Victims of Domestic Violence and Women's Refuge, Social Worker].

*"When older people talk it is in moments of counselling [social action], the younger women come more determined to do anything in relation to the violence to which they are subjected, they are more impulsive and*

*the quitting rate is higher. The older women seek to minimize the impact of the violence at home and the younger women want to separate straight away. The older women seek more someone to confide in, to know that if in the future they decide to leave home they can ask for help with living arrangements, to find somewhere to live... but this is only put at the end of the stage." [Int. 17, Social Security Service, Social Worker].*

It is also mentioned that some older women contact services by telephone, in search, essentially, of information.

*"On the phone, we see certain ladies, by the way that they speak, that are close to this age but still have difficulty physically going to ask for help so they ring the helpline, 'what will it be like? What will they do for me?'" [Int. 7, Counselling Service for Victims of Domestic Violence, History].*

In fact, the work which in large part is done with older women victims of intimate partner violence is on the level of providing information and psychological support.

*"It is work on an informational level and little more; even the psychological level is about sharing and not seeking a way out of situations." [Int. 16, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].*

It was also mentioned that when older women victims of intimate partner violence physically direct themselves to the services, they do so, relatively often, accompanied.

*"They are women who do not come alone." [Int. 2, Counselling Service for Victims of Domestic Violence and Women's Refuge, Social Worker].*

The help seeking behaviour on the part of older women victims of intimate partner violence could be interpreted, in a way, as shy or, sometimes concealed in the search for help for another problem. On this level, the health services are referenced frequently.

*"Any person in the area of health that has some knowledge of situations of violence, particularly physical, reports it to the social worker. If it is of another type it is also reported, but always with the consent of the person. They have to want to say, 'enough'" [Interview 30, Health Service, Nursing].*

*"We involve the doctors and nurses a lot and sometimes we show up at the house and say that your doctor is worried about you and wants to know if you are taking your medication and in this way we enter the house furtively to see to what degree that lady is a victim of violence. That is how we confirm some situations. We do a lot through direct contact, in the counselling sessions or on home visits and we articulate with the team (social worker and psychologist). Us, social security, home care support professionals (who either have knowledge or if they do not are advised to stay aware), the health centre." [Int. 17, Social Security Service, Social Worker].*

There are cases registered as well where the search for help was not motivated by violence, and first by the need for help in the care provided to the perpetrator husband.

*"There were two situations in which the seeking of help was made because they needed help to take care of the perpetrators and they themselves seek help in the health centre because they think that home care support is obtained from there (because there are teams of nurses who work with home care support)." [Int. 15, Day Centre/Home Care Service, Social Worker].*

Here, the organisations that supply home care support to older people can convert themselves in a means to reduce violence situations, with particular incidence in relationships where there exists a need for basic care (hygiene and feeding), contributing to diminish the occurrence of, or factors which lead to, episodes of verbal and psychological violence.

*"We served while people would come to the lady's house every day, often we would say 'take it easy, don't do it like that'. We would do a little mediation and we were able to transmit some security to the lady and, contrary to what she thought, that he would not accept it (because he was very authoritarian) she was freed from the physical work and also the psychological burden because every time she tried to help him he would shout 'be quiet, you can't do anything, you're hurting me'. We helped because we took away some of the responsibility from her as a carer; and he was not as aggressive with us as he was with her." [Int. 15, Day Centre/ Home Care Service, Social Worker].*

Many of the organisations maintain an informal network of partners, who act in concordance with necessities.

*"We have an informal network of partners – the police, social security, DIAP, private social solidarity institutions with RSI (Social Insertion Income) protocols." [Int. 4, Counselling Service for Victims of Domestic Violence, Lawyer].*

Nevertheless, the articulations most referred to among the various organisations involve, in a vast majority of the cases, the Social Security services. It is through Social Security that the economic and social support that almost all women victims of intimate partner violence need is obtained.

*"We articulate with Social Security; the lady did not receive a pension because she never did paid work and had no right to receive a pension; to receive the RSI there would have had to have been a deduction from his pension, which he did not want. We managed to get the RSI and taking into account her age we managed to get some more support. The lady said straight away that she was not going to return home at the end of over 40 years of marriage. She was tired and felt that if she had not called the police that night, she could have died. She would even have preferred to live on the streets, than return home." [Int. 14, Counselling Service for Victims of Domestic Violence, Psychology].*

The police are also involved, whether before or during the accompaniment that is given to these older women, by the various services that they contacted with cases.

*"A lady of 62; married 40 years. It was a friend who advised her to leave the relationship, to make a formal complaint. She had already filed a complaint but after he had said that she was a liar, that she fell and she gave up because she depended on him financially. At the police station, they advised her to not leave home completely – during the day go home, sometimes sleep there when the grandchildren sleep over, so she could say that she had not left home. After she began divorce proceedings and then he stopped giving her money. He still included her on tax forms, in 2008, and when she requested RSI in 2009, she had some difficulty because it showed that she received some income. I sent her to a colleague in social security; a lawyer was also solicited. We helped her with food and living arrangements. She broke all links with the perpetrator, when she goes to the house and he is there she leaves. Neither of them wants to leave the house." [Int. 10, Home Care Service/Day Centre, Social Worker].*

According to the interviewees, there has been a current practice by most of the police force to place crimes between partners as domestic violence crimes.

*"[The victims] can quickly be integrated into a domestic violence crime since there is a weakness, and sometimes it happens with older people and because of old age or poor health, that weakness puts them on an inferior level to their perpetrator, either physically, morally or psychologically. But it is difficult, in the first instance, to say that these facts fit into the crime of domestic violence." [Interview 24, Law Enforcement Agency, Public Prosecutor].*

The involvement of the police implicates the formalisation of a crime-report, given that the crime of domestic violence in Portugal is a crime of a public nature. Therefore, a significant part of the professionals interviewed do not present a complaint to the police authorities as it is left to the women to take the decision, after they are more informed.

*"We do not make the complaint, we inform them about the possibility but it is up to them to press charges. To file a complaint without protection is putting the woman at risk; and we need to protect her." [Int. 4, Counselling Service for Victims of Domestic Violence, Lawyer].*

*In general, the evaluation that the professionals make of the articulation between various services is relatively positive. If just because, "these cases are very emotional for the technical team, they end up having a very emotional reaction and expressing a larger preoccupation and indignation. When it is younger people there seems to be a more technical approach and in these cases (with older victims) a more emotional response." [Int. 1, Counselling Service for Victims of Domestic Violence, Psychology].*

Yet some particular criticisms are implied, directed towards some services, such as the Social Emergency helpline, the police, the medical services and the Social Security Services.

*"The 144 line, the social emergency line – there has been some difficulties in the articulation with them because not always what I would class as an emergency is classified by them as being an emergency. They are governed by criteria defined by social security that do not always with my risk evaluation so that sometimes what I consider an emergency, they consider a crisis, and vice-versa. There are conceptual inconsistencies that often create obstacles. Then we have overly long*

*response times or a lack of immediate ground response at all.” [Int. 22, Counselling Service for Victims of Domestic Violence, Psychology].*

*“I am a little disillusioned with the attitudes of some professionals. Social security rush, doctors only have 15 minutes... where is the time and space to ask questions and listen to people? It is not easy to initiate the process... it takes time and if there are professionals who are not being true professionals... they rush and often cause people to give up.” [Int. 4, Counselling Service for Victims of Domestic Violence, Lawyer].*

*“The family doctors often take the attitude of ‘close my eyes, things will change, he will change’, there is still not much assertiveness to pick up the phone and say ‘this is happening like this and like that’ or to call the police.” [Int. 11, National Legal Medicine Institute, Social Worker].*

*It is important to reemphasize that the most criticised services are those which older women victims of intimate partner violence as well as the organisations interviewed most call upon.*

*However, particular difficulties persist in smaller places in rural areas, which are associated with a public lack of knowledge, intentional or not, of what constitutes a violent domestic crime.*

*“I marked an appointment with the police force here for her to file a complaint; because she had already filed many complaints at the police station in the area where she lives, but the police were friends of the perpetrator. In small towns or villages, the perpetrators are friends of the police. Often they fill in the report but do not file the complaint. Domestic violence is a public crime; they are obliged to file the complaint.” [Int. 25, Counselling Service for Victims of Domestic Violence, Psychology].*

Nevertheless, in small towns or villages, there also emerge some good practices on the level of articulation between organisations of various orders in the direction and accompaniment of cases of intimate partner violence against (older) women.

*“A follow-up form was created and distributed to all police stations. And we contacted the victim in advance. The cases came through police officers, social security (informal contacts), and rarely through solidarity institutions. The follow-up forms were constructed in different styles for the police and for social security (all social workers who work with social services). To work in small towns and villages makes the contact*



*between institutions much closer and it was formalised through a protocol.” [Int. 22, Counselling Service for Victims of Domestic Violence, Psychology].*

*Also among the courts and victims of violence support organisations, there is a move towards (greater) articulation, aiming for the creation of networks of privileged contacts, either informal or formal.*

*“At this moment we are trying to articulate with other entities and create a network of contacts, because we have other perspectives of reality. Because our problem is that we deal most of all with paper, we see episodes of violence written down, there are colleagues who also hear the victims and the perpetrators, but it is more in written form and therefore it is very difficult to evaluate risk; we have to trust what is written by the police. Yet it is very important to have other perspectives. (...) One thing is that on paper, what to us does not seem serious, could become, on the ground, explosive. (...) We have a partial vision of reality but we want to have a more wide-ranging view.” [Int. 24, Law Enforcement Agency, Public Prosecutor].*

Still in the field of good practices, they were mentioned attempts at facilitation of the processes that are in course in the Public Prosecutors Offices, between law enforcement agents (police and Public Prosecutors).

*“Often the victims are questioned in the police station... it is an effort we have been trying to make, the Public Prosecutors Office and the police, so that when they are heard in the police station, try to ask as much as possible, collect the maximum amount of necessary information. Yet what happens is that the information collected by the police is not enough, and then the women have to come back to be heard again; sometimes another situation occurs and they have to be heard again and only then measures of enforcement are applied. We hold frequent articulation meetings, and in these meetings we provide the police with a model for a line of questioning relative to the information that we need to then make an accusation. We have already delivered various models with the questions that have to be put to the victim, that are vital pieces of information in order to make an accusation, and we are frequently in discussion. There is also, in concrete cases the police phone call to the magistrate of the case, or, they come here. There is constant direct contact between the police, who are collecting the data, and the magistrate appointed to the court case, and vice-versa.” [Int. 24, Law Enforcement Agency, Public Prosecutor].*

It is important, however, to record that in the understanding of the professionals, the number of cases of older women victims of intimate partner violence that have had contact with organisations is reduced. Or in other words, it is just the tip of the iceberg; the majority of these women do not seek help. This absence of help-seeking finds justification in the conformity of their experiences and in the lack of knowledge of their rights.

*"These women have less knowledge [about support organisations], and more resistance. I think that people who live many years in situations of violence end up giving up and feel very isolated, because the isolation goes on and on over time, they have fewer networks or the social networks are different as they are also different in the way they are and the way they think. The types of institutions they call upon are also different." [Int. 14, Counselling Service for Victims of Domestic Violence, Psychology].*

Nevertheless, an experience of work with a significant number of women victims of intimate partner violence, older women or any other age group, can contribute to a self-sensitisation of the professionals for the detection of signs and, more than this, for a perception about the impact that acts of violence, continual or not, have in the lives of these women.

*"Violence covers many abusive behaviours, some more easily-linked, others more difficult to evaluate; what is important is to realize the impact this has had on the woman, particularly on a level of verbal, emotional or psychological violence, which is very difficult... and it is more complicated to denounce this type of behaviour, which they don't like, if they are aware that it is not normal, but that they submitted themselves to it year after year. This is often associated with less violent forms or less of aggression or aggression that leaves no physical evidence of violence – a push, if it does not result in a fall or a collision with a hard surface that can leave an abrasion... the woman does not understand this as being violent." [Int. 11, National Legal Medicine Institute, Social Worker].*

#### **7.4.4. The range and type of support and services available to older women victims of intimate partner violence**

According to the perceptions of the professionals, older women victims of intimate partner violence, when they seek support, often do so, without this support including a definitive way out of their situation. That is, they seek

information about their rights (social and economic) and someone with whom they can share a trustworthy relationship and vent their feelings.

*"Many come to the service to inform themselves about their rights. When they come directly they know why they have come; when they are sent by other services they come with many doubts and without knowing what they want to do." [Int. 25, Counselling Service for Victims of Domestic Violence, Psychology].*

*"Essentially they are seeking psychological and social support (economic, redirection to foster families, redirection to a women's refuge, or social refectory). What we work on with these women is on a level of continued accompaniment to either prepare for the move, when they decide to move, or to work on some of the key issues if they decide to stay or be directed to other institutions." [Int. 22, Counselling Service for Victims of Domestic Violence, Psychology].*

When they contact the services, the initial expectations of many of these women converge, in some way, on the resolution of the situation within the context of the conjugal relationship, but with the support and technical intervention of someone from the service.

*"It is the first expectation, that it can be resolved within the same context... they expect him to change or for someone to say to him 'you have to change' or 'you can't do it'. The idea is that when they take a decision they end up returning... it has to be worked on, and it takes time." [Int. 3, Counselling Service for Victims of Domestic Violence, Psychology].*

*"When the people tell them that they are victims they expect us to intervene; some times they expect us to speak to he perpetrator but that is not always possible as it could put the woman at risk." [Int. 17, Social Security service, Social Worker].*

The type of support offered to older women victims of intimate partner violence differs in conformity with their own decisions. If the decision is to remain in the relationship (or just in the home, after divorce), the option of the professionals is psychological accompaniment (in the sense of emotional stabilisation) coupled with the development of strategies of prevention and protection against violent acts.

*"[With those women who find themselves living with the perpetrator] I work a lot on a psychological level: strategies of defence, of self-esteem, of self-concept and on identifying the signs would trigger violence, for*

*her own defence, to make sure that these consequent violent episodes cannot affect her more than they already have.” [Int. 22, Counselling Service for Victims of Domestic Violence, Psychology].*

*“Our work has been done on the basis of prevention of depression, isolation and conflict at home – to have strategies to avoid conflict and emergency strategies.” [Int. 1, Counselling Service for Victims of Domestic Violence, Psychology].*

If the decision is to leave home and the relationship<sup>50</sup>, the professionals seek alternative living arrangements and socioeconomic support. The work is still on a psychotherapeutic support level.

*“They articulate themselves with community services: social security, a home (if necessary)... it depends a lot on the situations, psychiatric support in a mutual help group ‘breaks the chains’; and helps in the search for a house, involving some available family members.” [Int. 2, Counselling Service for Victims of Domestic Violence and Women’s Refuge, Social Worker].*

And alternative housing arrangements can pass on to others that are not refuges.

*“Foster families is our most immediate alternative measure and can be temporary or not.” [Int. 17, Social Security services, Social Worker].*

For many older women that enter into contact with the people and the organisations interviewed, this contact consists of a first attempt in seeking help. For some, those most determined to end the relationship; the first contact is enough to obtain positive results.

*“This was the first time that she sought help. When she came here to the service, she became aware of the alternatives and she was very determined, she went to a women’s refuge (the son was still in hospital), the husband ended up going to a care home (he said that he needed all the money to go to the care home). The women’s refuge where she went had an association with a day centre and she was integrated into the day centre. She managed to get a house near the day centre and receives RSI.” [Int. 4, Counselling Service for Victims of Domestic Violence, Lawyer].*

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<sup>50</sup> The leaving of the home is not always permanent. There were cases told of women who, while staying in a women’s refuge or other type of temporary living solution, returned home and resumed the relationship.

However, the average number of times that older women victims of intimate partner violence attend services is between two and four.

*"Most of the cases, they come 2, 3, 4 times because they themselves do not want to make any other decision and normally the service is centred on providing enough information so that they can make their own decisions for their life. When they realise the need to be themselves and take a decision, they choose to not return to the service, there is no great continuity in these cases." [Int. 16, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].*

Furthermore,

*"in some cases, there is some psychological accompaniment but it is very rare; it is rarely requested. It is more an answer on a social level." [Int. 16, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].*

Yet when older women victims of intimate partner violence proceed with psychological accompaniment, the work developed is on level of emotional stabilisation of these women. It is to have someone to talk to, somebody to confide in.

*"People go to counselling not with the perspective of doing great things but to talk, to tell, to vent and that is already a relief." [Int. 1, Counselling Service for Victims of Domestic Violence, Psychology].*

In addition, some organisations stimulate the older women to participate in mutual help groups.

*"We incentivise a lot the participation [of older women] in mutual help groups because they create bonds of friendship with other women with similar experiences." [Int. 3, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].*

The work done also includes a lot on identification of conflict prevention strategies in the home.

*"To minimise the negative effects of the violence exercised against these women, being able to construct an alternative life project, opening their horizons to a change even if just on a behavioural level, working with myths, attitudes, behaviours, personal defence strategies, in case they*

want to stay." [Int. 22, Counselling Service for Victims of Domestic Violence, Psychology].

Or, also, on the involvement of people and local organisations.

"We personally accompany the case or we alert the local social services to be alert, or the family doctors. The women should also know who to call on; we make a security plan with them so that a determined signal alerts them to seek help. It is work more in this style and we try to involve social action... sometimes the police, depending on the situation. We also try to involve the children to be more alert and present. The neighbours are fundamental if they have that sensibility... the women themselves identify very well who among the neighbourhood can provide help." [Int. 3, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].

And here the preponderant role of an articulation between services is highlighted, in the sense of good cooperation and an improvement in quality of life.

"A lady aged 63, divorced for two years. History of violence for more than 30 years. This lady receives RSI, to the amount of 190 euros and was finding it very difficult to cope with her expenses as the rent on the house lone was 180 euros. We managed to secure some food; we contacted the Chamber and a revision in the rent value was made (she now pays 38 euros) and now she is working." [Int. 12, Counselling Service for Victims of Domestic Violence, Social Worker].

Some organisations opted for the implementation of strategies with recourse to family mediation. In all the cases in which this happened<sup>51</sup>, it was because of a request on the part of the older women, after a risk evaluation of the situation.

"63 years old. Physical violence heavily marked by the throwing of objects; psychological violence, demeaning of situations and insults; sexual violence, sexual coercion. The first request for help was made at 59 years old. We did something that is not very common in an intervention – at the request of the lady we called the man to a consult and worked a lot about what had happened and what could happen if it happened again. He signed a commitment contract underlining the

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<sup>51</sup> It is not possible for us to confirm the exact number of cases. Only when those interviewed were requested to speak about particular cases, family mediation was mentioned 3 times.

*changes in behaviour that he would adopt (reduced consumption of alcohol and socializing with certain friends). We intervened at the beginning of the violence and this has shown results; we alternate consultations between those with just the lady and other with both of them, and we work out the difficulties that they are feeling and gradually readjust the compromise; the man has shown himself willing to cooperate.” [Int. 29, Counselling Service for Victims of Domestic Violence, Psychology].*

*“We work with feelings of loneliness, of resignation, of having nothing more to be done; every now and again we promote what is called family mediation or something similar, to try and find standards of alternative behaviour and change some behavioural patterns.” [Int. 22, Counselling Service for Victims of Domestic Violence, Psychology].*

Nevertheless, there exist certain organisations that act within a very specific area, that perform another type of role, namely that of repressing the perpetrator and the violence. These organisations can contribute to (some) behavioural changes in the perpetrators but they have to be working in articulation with other types of organisation.

*“The role of the police is important... we might not correspond to the expectations because maybe the lady wanted some help and what we give is not quite what she expected. After the formal complaint, the support of the family and children is very important. We interrogate the suspect and these conversations are always written and we also say ‘take care sir, don’t do that because you are involved in an investigation’. From the moment the investigation is opened the perpetrator thinks twice and changes a little... it won’t be in all cases.” [Int. 19, Law Enforcement Agency, Police].*

And, by this logic, the health services will be among those that find themselves in a better position to offer the primary support to older women.

With some frequency, the search for help along with medical services is relatively veiled but can be identified quite easily.

*“The problem of alcohol makes women talk to the family doctor about their husbands like this, ‘when he drinks he does this or that. Couldn’t he get some treatment?’” [Int. 7, Counselling Service for Victims of Domestic Violence, History].*

Therefore, the health services are often noted as deficient services in effective care-giving to older women victims of intimate partner violence.

*"A lady of 82 was put in hospital for various reasons owing to mistreatment, and the hospital did not proceed well – they called the husband, they called the children to talk – yet the lady always ended up returning home. They tried to let things resolve themselves within the family environment. The lady went back to her husband and things started repeating themselves again." [Int. 14, Counselling Service for Victims of Domestic Violence, Psychology].*

There are also faults referenced in relation to legal procedure, eventually with a greater impact on older women than younger women.

*"We experience difficulty on a legal level, from the courts/Public Ministry and even with the police here who are not very sensitive – we are dependent on the sensibility of the agent from the Service so that they intervene. The court proceedings are very sluggish and the time is not compatible, in many situations, with the time of life. The victims also give up because 'it is a lot of work, I'm always talking about the same thing and I don't want to talk any more', it all ends the same way." [Int. 17, Social Security Service, Social Worker].*

There exist, on the other hand, gaps in the level of detection and the signalling system of cases. Older women with greater economic difficulties normally maintain a relationship with the local social assistant, and it is on this level that said gaps become visible.

*"What fails a lot is the signalling system because there are many professionals who relate the situation a little 'because this is common, it is habitual, don't worry, this is something that has been happening for many years and she will not want to change', many preconceived ideas about this; there are many who think that if they have gone through this for so long and haven't changed yet, it is because they don't want to change." [Int. 17, Social Security Service, Social Worker].*

Also, the issue of alternative living arrangements is particularly critical for older women victims of intimate partner violence. There are a few cases mentioned where it was recorded that even after divorce, these women continue to live in the same household as their perpetrator.

And many professionals do not consider women's refuges adequate solutions for these women.



*"To uproot these older women is very difficult – they were already welcomed into a women's refuge and as soon as there was a space at a home they were transferred there. The women's refuge answer is very transitory for these women." [Int. 22, Counselling Service for Victims of Domestic Violence, Psychology].*

Notwithstanding, taking into consideration that a large majority of older women victims of intimate partner violence do not leave the abusive relationship, what is important sometimes, is to search for creativity in the organisations, as a resource of camouflaged strategies as a way of protecting an older woman and preventing new episodes of violence.

*"What we did was alert the local police, the commander was told that the complaint could not be formalized but it was necessary to confirm the story; the police said they would, that they would do so through the "Happy older person, accompanied older person programme" (they visit the houses of older people). They started to visit the lady's house every day; she had difficulty doing the domestic chores, so we called another organisation for meals (who said that they were doing a needs assessment survey in the area) and the team with a social worker who says they are doing a survey. In the space of a week there are three people who enter the house, without us showing up. They ask if she has difficulties bathing so they can check for marks on her body and in this way, on a daily basis at the house there are the police, the meals team, another for bathing and fortnightly the social assistant, or in other words, the violence problem disappeared. There was a history of violence, not continuous but frequent and for periods during internal family problems; the father always had a tendency to dominate, to do what he thought he should do." [Int. 7, Counselling Service for Victims of Domestic Violence, History].*

Professionals share the opinion that the work to be done with older women is different from the work with younger women victims of intimate partner violence. The difference, however, is motivated more by generational belonging than due to age.

*"It is not distinguished by age but by the possibilities of intervention – the social and legal axis. It differentiates the type of social measures but the legal measures are the same. The psychological accompaniment is also a little different given the impact of the violence on these women – shame is worked on a lot, the impact on the community, on*

*neighbourhood relations and this is more difficult to work on. Afterwards, the familial support staff can have a bigger impact on older users than those who are younger. We work with social security, with lawyers, with family doctors, psychiatrists.” [Int. 29, Counselling Service for Victims of Domestic Violence, Psychology].*

The range of services available depends, necessarily, on the existence of services more or less adequate for older women victims of intimate partner violence. This range is in some way challenged when the perception, among a significant element of professionals, becomes patent that ‘little’ can be done in relation to these cases.

That is a perception that is based, essentially, on the inexistence or partial existence of resources – logistical, financial and human. And, faced with this reality, some professionals tend not to invest in this type of case; or even, not to act, safe-guarding themselves in what, in their own minds, is the inadequate number of existing solutions in the face of the needs of older women.

*“What strikes us is the difficulty that we are going to have to resolve the problem, difficulties associated to age. We are a little cautious because we don’t know if the lady will receive help because she does not want to be helped or because the social solutions are not the most adequate.” [Int. 13, Counselling Service for Victims of Domestic Violence, Lawyer].*

Nevertheless, independent of the inexistence or inadequacy of the solutions to the needs of older women victims of intimate partner violence, and of the decision taken by those women to not break off the abusive relationships, to know their rights, to work on their capacities and to improve their competencies, whether it be on a level of prevention or protection, is to contribute, at least, to the capacity of these older women to make more informed decisions and thus, improve their quality of life<sup>52</sup>.

*“They leave here with a sensation of power ‘now I know what I can do’, empowered and this is also our work, to give them this capacity to do things for themselves, to give them that autonomy so that they are capable of breaking that process of violence.” [Int. 11, National Legal Medicine Institute, Social Worker].*

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<sup>52</sup> Obviously taking into account the risks that older women IPV victims may run and structuring the support accordingly.

#### 7.4.5. Problems and challenges faced

*"There are so few alternatives to offer the victims... leave home? 'And why me if I'm the victim?' What do we have that is concrete, duly exact, that corresponds to their expectations? We have nothing... what instruments answer the needs of these women?" [Int. 17, Social Security Service, Social Worker].*

In this subsection we attempt to identify the problems and challenges evidenced by the analysis of the professionals' interviews. They are problems and challenges that can be divided into two levels: on one hand, those that were found and related by the organisations relating to the work that they develop with these women, which are centred mainly around the question of 'instruments which answer the needs of these women'; and on the other hand, problems that, in some way, emerge from the interview analysis, namely with respect to the conceptual side of the problem and the subjective understanding that professionals have about the concept of violence, in particular intimate partner violence against older women.

One of the biggest problems that older women victims of intimate partner violence face is with respect to the scarcity of their own resources to face the difficulties associated with a break-up.

*"The weakness of these women is the lack of resources that have in terms of financial and social autonomy." [Int. 3, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].*

Although this lack of resources varies with each case, the living situation is the most obvious, for reasons economic, social and psychological but also as a question of justice and rights.

*"These women would even be ready to leave the situation but the great impediment in the majority of cases of domestic violence is the living arrangements. If they resolve the house problem, they leave that situation." [Int. 1, Counselling Service for Victims of Domestic Violence, Psychology].*

*"The situation of the living arrangements is the most complicated and the related financial support too. We have cases in which the ladies have to pay for a room, for rent, and they are left with no money. The RSI for one person is 188 euros and a room costs 175 or 200 euros." [Int. 14, Counselling Service for Victims of Domestic Violence, Psychology].*

Additionally, a significant part of the professionals consider that the intervention time undertaken with older women is considerably longer than that which is undertaken with younger women. This is founded on the perception that these are women who do not tell the whole story straight away, as well as the perception of the necessity to work in the face of distinctly different ideas of what it is to be a woman, generically, from those that are prevalent nowadays, amongst younger women.

*"More temporal resources – confidence has to be gained first as these are women who are used to keeping everything to themselves and then all the support work can be developed afterwards. To be sensitive to different working methods – the period of adaptation and of appropriation of the women's refuge space is much longer in older women. They are much more demanding cases that require greater observation because much is given to us through non-verbal signs." [Int. 29, Counselling Service for Victims of Domestic Violence, Psychology].*

*"These cases require procedures and more attention, more working time, more frequent visits to the service from the person." [Interview 1, Counselling Service for Victims of Domestic Violence, Psychology].*

*"With this group of the population there should be a type of continued intervention because in these cases there are years and years of violence and the process of change is very complicated and it is also a cultural question, of deep-rooted mentality." [Int. 14, Counselling Service for Victims of Domestic Violence, Psychology].*

Other times, the age, as much of the women victim of intimate partner violence as that of the perpetrator, does not fit well with the time it takes to supply solutions.

*"The justice is what goes the least well – the court cases, the judicial support; the judicial procedure takes so long and is not in synchronisation with the needs of the women. Especially in these cases of older women, where there is not much physical violence but psychological violence which is difficult to prove, where there is difficulty in relating situations, when witness do not exist. Physical violence is easier to prove." [Int. 26, Counselling Service for Victims of Domestic Violence and Women's Refuge, Social Worker].*

*"Older people are seen as cases in which the answers are less thought through. We articulate with various organisations but in an informal way... sometimes the urgency of the answer does not take into account*

*the effective timing of the answer.” [Int. 14, Counselling Service for Victims of Domestic Violence, Psychology].*

*“The lady never requested help. Yet we also did not inquire much about the relationship history. Meanwhile, the husband ended up dying and we lost contact with her.” [Int. 15, Day Centre/ Home Care Service, Social Worker].*

In terms of the types of violence most mentioned by those interviewed – those that older women find themselves most subjected to in their old age -, psychological and verbal violence and economic dispossession, are types of violence that bring particular difficulties with respect to the proof of their existence. That is, these women fear not being believed some times because

*“often the violence is not branded on their forehead. Nothing tells us that during one week, one month, a year or longer, she has heard that she ‘is worthless’. It doesn’t leave a visible mark... but it leaves deep marks.” [Int. 11, National Legal Medicine Institute, Social Worker].*

Coupled with the fear of not being believed, there persist, among older women, feelings of revulsion, for their own incapacity to have acted in the sense of change and leaving the abusive relationship.

*“Now the people who go to seek help, I’m afraid that in these life stories there is a certain feeling that it’s too late now and they should have done something much sooner. Sometimes even a certain feeling of guilt ‘how did I let it come to this? If I had known this I would have done something earlier’. The truth is that people see the past through the eyes of today’s reality and don’t see that a few years ago, there weren’t many answers available. They have a certain idea of a life delayed. And there is always present a great feeling of revulsion, sadness, that it should have been different, which is not productive in the sense of mobilization for action.” [Int. 1, Counselling Service for Victims of Domestic Violence, Psychology].*

Perhaps this ‘looking at the past through the eyes of today’s reality’, wraps up, in large part, the justification for a change (only) in old age. In fact, and although the legislation has been progressive and introduced the crime of domestic violence into the Penal Code in 1982, the social support solutions did not appear at the same time. It is important to recall that the first women’s refuge appeared in 1995, that the constitution of a national network of women’s refuges was in 2000, and that the appearance of counselling services for victims of domestic violence (localised by district) was even more recent (2006).

*"At this point [between 10 to 15 years ago] we did not have great resources nor a women's refuge but we felt that our intervention was important: we are here, there is someone here who listens to them and believes them, and sensitise the local community a little to give them their support... but that was it... there was not much we could do with regards older women. Nowadays there is more we can do." [Int. 2, Counselling Service for Victims of Domestic Violence and Women's Refuge, Social Worker].*

*"The violence started right at the beginning of the marriage – the first aggression was 2 or 3 days after the wedding and it continued for over 30 years. At the outset of the marriage she would go to the hospital various times to receive medical treatment after every attack but at that time domestic violence was not spoken about much and she would return home and she was also ashamed and didn't want to talk about it, she thought that she had to put up with it because she had two small children and ended up staying in the relationship. Every now and again the family doctor would ring him to talk to her but when they left the doctor's office it would mean a beating for her for sure. A few years ago there were no answers, only since 2000." [Int. 29, Women's Refuge, Psychology].*

In spite of the relatively recent existence of solutions, some professionals still tend to question the reasons why older women victims of intimate partner violence only seek help now, in their old age.

*"Now in her 60s she is a victim of violence? Then we take a look and see that it has been going on for the whole marriage and before, while they dated. So why only now ask for help? Because my children are already grown-up, because I am no longer ashamed, because I didn't know that institutions like this existed, because now I've got nothing to lose, because I can't take it any more." [Int. 7, Counselling Service for Victims of Domestic Violence, History].*

It is important, however, to emphasise that, with relative frequency, these women have a different understanding of what violence is and a greater acceptance in the face of the existence of intimate partner violence.

*"For older people to admit that they are victims is an act of courage as all their [social] learning has been based on violence and the submission of women. Their whole lives they have suffered violence, if he wanted to hit her he did. It is the part of the population that thinks violence*

*between couples is most normal.” [Int. 25, Counselling Service for Victims of Domestic Violence, Psychology].*

*“These are old-fashioned people who have a much higher acceptance of violence... the wife must obey her husband... these roles are fundamental in order to accept the violence. She has a notion of the duties of a wife – meals at certain times – that have to be fulfilled; she finds refuge in religion, spends a lot of time in the church and he does not understand this.” [Int. 4, Counselling Service for Victims of Domestic Violence, Lawyer].*

Coupled with this socialisation, permeable to the use of violence as justifiable, it is important to consider the weight of religion, in particular Catholicism in Portugal, in the maintenance of violent relationships.

*“They are women who a deep-rooted belief that they have to carry the cross to the end. They think marriage is for life. The influence of the Catholic religion is considerable among this age group.” [Int. 13, Counselling Service for Victims of Domestic Violence, Lawyer].*

These compelling factors, indicative of a time when ‘my wife is the boss at home, but I’m the boss of her’, act together so that these older women integrate violence into their daily family life, and consequently feel shame when they expose it.

*“Very bad, it seems that the shame at this age increases. Difficulty in verbalising the situation, in seeking help, it even seems that we are doing them a great favour and it’s not a favour! It’s a right of these women and it is our job. But they don’t see this, and they think they owe us a debt of gratitude for the rest of their lives.” [Int. 7, Counselling Service for Victims of Domestic Violence, History].*

*“The shame is so great... the shame of being a victim, of telling, of speaking out. It is the first most visible aspect – the victim is ashamed of being a victim and at this age the shame seems greater.” [Int. 7, Counselling Service for Victims of Domestic Violence, History].*

Nevertheless, there still exist very specific cases where other difficulties arise, such as the cases of older women with reduced mobility and the difficulties to meet up with these women and work with them.

*“We have had some older women victims of intimate partner violence, who have physical difficulty in moving themselves in terms of mobility, making it necessary to provide some means in terms of social security*

*that can go with her so that she can trigger the situation... there is no other way... the idea is that the people come to have the services in the sense that they themselves get involved... in these situations, there is a need to have another type of intervention and another point of contact: instead of being the person that shifts themselves, it will be the services that shift them, since the people open the doors to us." [Int. 4, Counselling Service for Victims of Domestic Violence, Lawyer].*

Specific cases of women aged between 60 and 65 years of age are mentioned a lot. This is an age group that, in the understanding of the professionals, faces specific difficulties, particularly with respect to the economic support on the part of Social Security.

*"Women between 60 and 65 have the most difficulty in resolving the situation as they are too old for work and too young for retirement. It is a very vulnerable group as even if they end the relationship, in the face of economic and housing difficulties, they end up returning." [Int. 16, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].*

Living in a rural area is also another context which displays, generically, certain characteristics dissuasive to change, such as the inexistence of social solutions close by, lesser access to information and public transport, and very intimate neighbourhood relationships that can contribute to inhibit a relationship break-up, among others.

*"There will be many cases that are not reported because of the stigma, the shame, the guilt at not having done anything until then and there a few more years until God takes them... typical culture of older people who live in the countryside. Deeply ingrained cultural and religious values and it is not easy to deconstruct these myths and preconceptions in a way which permits an opening to change. And the older the victim, the more difficult it is to change because coupled with the rest there is a feeling of loneliness – 'what will I do on my own at my age?'" [Int. 22, Counselling Service for Victims of Domestic Violence, Psychology].*

Besides, there are still women (elderly and from other age groups), victims of intimate partner violence, who reside in much smaller rural areas, who have difficulty in exercising their right to file a crime report with the police force.

*"Here, there is a lack of two or three sentences that make sense. The security forces themselves get to the point where they no longer accept*



*any more complaints – ‘you’ve already got reports still on file, why present another one?’” [Int. 25, Counselling Service for Victims of Domestic Violence, Psychology].*

Finally, in the opinion of the professionals, isolation, or fear of loneliness, contribute to the maintenance of older women in abusive and violent relationships.

*“If he, on one side, gives me a slap, on the other side, he keeps me company’; it is the ‘he loves me, he loves me not’ effect.” [Int. 25, Counselling Service for Victims of Domestic Violence, Psychology].*

As for the subjective understanding of professionals on this subject area, straight away some arbitrariness on a conceptual level stands out. That is, although on one hand people easily manage to have a personal definition of what, for them, violence means, on the other hand, greater difficulties arise in relation to the meaning of intimate partner violence against older women.

The first point to register is that intimate partner violence against older women is still a concept to be defined. Some people interviewed based it on the stereotype of old age, making allusion, when asked about their perceptions of IPV, to answers associated to dimensions of “isolation, loneliness”. There were people, however, who emphasized the issue of intimate partner violence, not calling into consideration questions relative to age but first focussing on the violence many women are subjected to in intimate relationship contexts.

There were others who approached the term in global terms, considering the various dimensions of the problem (violence in a domestic context, age as a factor that can condition or motivate some type of intervention, among others).

*“Little-known theme, within domestic violence it is a more difficult area because it adds other types of vulnerabilities that women of other ages do not have, so that as well as all the variables that make domestic violence a difficult problem to intervene in, there are a whole set of new variables that make intervention more difficult. It is a specific part of the area of domestic violence which brings added challenges to the intervention, not just in the detection of cases but in the intervention itself.” [Int. 1, Counselling Service for Victims of Domestic Violence, Psychology].*

The subjective interpretation of the very concept of domestic violence is still understood as a challenge for older women victims of violence themselves. In fact, feminine and masculine identities, constructed in accordance with the social gender norms of a certain society and era, commonly learned, put (and still put) women in relationships of unequal power, where the violence exercised against them was/is socially permitted and excused. In addition, violence is still, above all and most frequently, most easily recognized by the victims when it deals with physical violence.

*"If we have much younger people who do not recognise the signs of a violent relationship among the elderly, it is because in the models in which they were raised it played a part, much less. They are situations that they relate to the role of man and woman in a relationship." [Int. 14, Counselling Service for Victims of Domestic Violence, Psychology].*

*"A 70 year old woman that tells me that her husband hit her, we will see what this means because it is very different from person to person. Violence is very associated with a context of severity and mechanism of aggression with some utilization of physical force and what it results in – physical damage, the trauma, a well-defined mark. How many times do we need to help women realize that other forms of 'hitting' are also aggression and that they never defined them as such? Often for a woman a slap was not an act of aggression, it was not violence because didn't see it as a violent act. Our role in these contexts is to help the woman realise her own process of victimization, to realise that in all those mechanisms that she never defined as violence, they constituted a form or mistreatment; in this way for sure, many woman spend 30 years getting beaten." [Int. 11, National Institute of Legal Medicine, Social Worker].*

The questions identified here as problems and challenges, can contribute so that some professional practices can be addressed, to avoid, in some way, that some older women wait for the death of the perpetrator to be able to live.

*"A couple in their 70s at home. It ended with the death of the husband. She came in one day and wanted to tell her true story: 'It was the martyrdom of my live... I am not dressed in black because I am not in mourning for my husband, now I am going to live'. The husband's health had worsened and he became completely dependent. She treated him until the very end." [Int. 10, Day Centre/ Home Care Service, Social Worker].*

#### 7.4.6. Recommendations

Although there has been much asked of the professionals who, based on their working experiences, proposed suggestions and recommendations, during the course of our work it was decided to include those suggestions and recommendations, coupled with other references in the answers to the postal questionnaire, in subsection 8.3: Recommendations.

### 7.5. Summary and discussion

*"The type of violence that we come across in older women cannot be so different to that which we find in younger women, in terms of the variety of behaviours of violence. It doesn't seem to us that age changes the violent behaviours of the perpetrator." [Int. 29, Counselling Service for Victims of Domestic Violence and Women's Refuge, Psychology].*

The 30 organisations covered by the interviews had, in their entirety, contact with 220 cases of older women victims of intimate partner violence.

All of those interviewed consider that the number of cases with which they had contact is a reduced number in terms of reality. The explanations for this are based mainly on dimensions linked to socio-cultural order (still) in force as well as the length (long) of the relationships; some also referred to aspects related to the husband's health. Some mentioned, however, that these women understand that there is not much they can do in the face of a continued violent relationship, in which mistreatment is an integral part of their own daily life.

The cases most mentioned by the professionals are cases of women who were, since the start of the relationship, assaulted in various ways by their husbands. In fact, in almost all the cases mentioned, the violence was (in some cases, it still is) always present since the beginning of the conjugal relationship. In the majority of cases, the violence was, in younger ages, of a physical nature but in old age is mainly psychological, verbal and in many cases economic/financial; by the way, financial control is very patent in the majority of the situations, even in cases in which the women had paid work. They are women who, in the understanding of the people interviewed, strongly associate marriage with traditional family values, where social gender roles are firmly entrenched.

The violence is marked equally by a control over the movements of the women (going out of the house, times and company are strongly controlled). This control increases the longer the time spent together, a result of retirement, especially of the husband.

The ages most mentioned, in terms of the women, are between the early 60s to around 70 years old.

The absence of a family support network is noticeable, still, with children rarely or never present. The perpetrator is, in a large part of the cases, the closest person to the victim. Nevertheless, in many of the cases, the children were mentioned as the principal reason for a delayed exit from the relationship – now, in a phase of life when the children have already left home, these women feel that the situation could be different.

Therefore, it is important to underline that those who contact victim support services are in some way predisposed to talk about the situation, to share, to vent, but often without wanting to put an end to the relationship. Above all, it is a search, on one hand, for psychological support and understanding yet on the other hand, for knowledge about what they can do, although in the greater part of these cases this seeking of information related to their rights is an end in itself, and not as a means to an exit/break-up.

According to those interviewed, this is a group of people who “generate lots of emotions in the professionals”; and they thus trigger very emotional reactions from the professionals. Yet this is a more frequent reaction among social services professionals than among health professionals (whose remit in their role, often not very active, is that family doctors detect and pass on these cases). Besides, the less constructive criticisms collected in the interviews came from health services and the most constructive from social services and the police.

The organisations almost always articulate with Social Security, in order to provide for some difficulties of an economic nature – attribution of social pension, complementary solidarity benefit for the elderly, Social Insertion Income (less frequent) -, as well as with courts, when there is a crime report filed. Some of those interviewees articulate also with home care support, which sometimes allows women to be “freed” from the task of preparing meals, minimizing, in some cases, potential situations of conflict. Very often (and most mentioned in demographically smaller or more rural environments) the police

are called to intervene. This type of action contributes to the minimising of risks in isolated groups of people.

The issue of living and economic arrangements is, straight away, pointed to as an obstacle to breaking-up and exiting the house of the couple. Equally, it is very much equated to the issue of the autonomy of these women – what life project can be built in old age? What kind of autonomy can these women have?

The analysis of the impressions and perceptions that the professionals, with or without knowledge of cases, have about intimate partner violence against older women, appear of particular pertinence in the design of political measures and social solutions in the combat and prevention of violence and in the protection of the victims. They are impressions and perceptions constructed on professional practices, framed in theoretical perspectives (Matos, 2006), somewhat elaborated.

Among the perceptions of the professionals found which concern intimate partner violence against older women, we highlight the following perspectives:

- The perspective that violence and mistreatment are a reflex of individual factors, particularly risk factors such as excessive alcohol consumption or individual personality characteristics ('he always was mean'). It is important to reflect that, although very often alcohol and violence can coexist, the truth is that these are distinct problems. And while an explicatory factor can, in fact, drive the externalisation of blame or self-blaming of the exercise of violence; it drives, necessarily, the non-responsibility of the perpetrators. The establishment of a casual relationship between alcoholism and violence seems to point to a conception of violence as individual behaviour of a pathological nature. This perspective, still relatively common among older women victims of intimate partner violence, contributes much to their belief that their husbands are sick men and that with treatment of the problem (alcoholism), the violence would cease.
- The perspective that violence is a product of familial and social systems. The focus is thus given a social context: low level of education, economic difficulties, weak professional integration, rural areas; it is equally, given a familial context, very concretely in the intergenerational transmission of violent behaviour ('his father was violent too' or 'the son is now the perpetrator'). This is where 'the cross that God gave me' fits in, the legacy of marriage for life, where taking care of the family is a fundamental task of women; hence, the victim's attitude of, 'I'm not going to leave him now, now that he is old' and in the professionals' minds, 'he is old, he's already got enough difficulties and we are going to put him out on the street? Who will

take care of him?’ This perspective ends up containing dimensions (familial and intergenerational) that facilitate an explanation of factors that can converge to perpetuate the abuse and maintain the relationships for long periods of time.

- The perspective that violence is a socio-cultural product, determined by gender belonging and by traditionalist representations of feminine and masculine identities. This perspective, of gender, draws attention to the accumulation of the disadvantages of being a woman throughout life – absence of, or weak, professional integration, the performance of less socially valued professions, lower financial income, the responsibility of taking care of the family and domestic chores, among others; it puts, also, the focus on the relationship of power between men and women (‘they [women] have been socialised to serve others’).
- Lastly, the multidimensional perspective. This takes into consideration the personal history (for example, previous experiences of familial contexts marked by violence), the inexistence of adequate solutions for older women victims of intimate partner violence (in the present, but most of all in the past, the inexistence of solutions that could have given them alternative in life), the constructions of gender identities and relationships of power based on gender, socially and culturally in force.

These perspectives therefore have consequences on a political and social level. The individualistic perspective could lead to just remedial solutions: treating the perpetrators. The perspective based on familial systems could lead to the more common deployment of family mediation as the only therapeutic means, to the detriment of individualised victim support. This is a perspective that can eventually enjoy success in cases in which both elements influence the process of change. Yet, it is already a perspective that seeks to work on the capacities and competencies of men and women who are active members of a relationship.

Notwithstanding, alongside these two perspectives there is a certain tendency to privatize the problem, to face the phenomenon in the private sphere of families, thus taking away the credit from an intervention of a politico-social nature.

The most commonly asked question, ‘why don’t older women want to leave intimate partner violence relationships or seek a way out earlier?’, seems to implicate the placing of cause, or perpetuation of the violence onto the victim, on the behaviour and/or personality of the woman, when we are, in fact, in the presence of a gamut of factors – generational, social, cultural, economic, psychological and habitational. Would it not make more sense here, to ask, ‘why is it that these men were/are violent’ in intimate relationships?

The gender-based perspective leads-us to look at stereotyped socio-cultural constructions of feminine and masculine genders. Or in other words, more wide-ranging, not centred on those people, but first on social groups of women and men who, although not in any way homogenous, share norms, values and common traits from one group to another. Here, the context of the phenomenon of intimate partner violence against women is, above all, cultural and political; it is situated more on a macro level. This is a perspective which is particularly important to consider in the designing of political measures. In terms of intervention in conjunction with the women, what is mostly worked on are their capacities and competencies, which makes the perspective specifically sensitive and pertinent in relationships where of the parties is not in dialogue nor cooperating.

Finally, the multidimensional perspective reveals itself to be of particular use on the level of intervention as the psychological, socialisation and relational factors are taken into consideration. This is perhaps the perspective that is most commonly found among professionals in counselling services for victims of domestic violence, although many but not all have presented a discourse integrating a gender approach.

Nevertheless, the analysis originated, in us, the raising of questions thus far unanswered.

- Alongside the reasons presented by the professionals for the reduced number of cases, how can we establish some connection between these reasons and the way that these organisations meet with these women? That is, if it is known why so few older women talk about violence in their intimate relationships (cultural, social, religious issues) why is another approach to contact these women not being sought? What needs to be done? And will the organisations be willing and/or able to do it?
- What is the role of the growing sensitivity in public opinion, with regards to domestic violence, in the greater knowledge of these cases? What is the correspondence between that greater awareness raising and the solutions offered to women?
- What gaps exist between the individual attitudes of older victims (less proactive and more resigned to the situation) and the services offered by organisations?
- And finally, do the financial and human resources available in a large part of the organisations/services (scarce or very scarce<sup>53</sup>) allow a specialisation in this area? How can we make a difference with almost nonexistent resources?

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<sup>53</sup> It is important, for this purpose, to mention that in some units/centres of counselling for victims of domestic violence, there exists just one person with technical training.

## VIII

# National expert network

### 8.1.

#### The organisations and the people

The national expert network is constituted by governmental bodies with competencies in the domain of domestic violence, namely the CIG – Commission for Citizenship and Gender Equality, and the ISS, I.P. – Institute of Social Security; by the Directorate-General of Home Affairs, responsible for the Domestic Violence Database, which congregates all of the data supplied by police forces; by the Directorate-General of Justice Policy, which is the body responsible for statistical information in the legal sector; by the District Public Prosecutor’s Office of Lisbon, who has been developing specific work in the field of domestic violence; by members of the working group of the Directorate-General of Health for the prevention of violence against the older people; by the Municipalities of Lisbon and Matosinhos, who have been developing and implementing municipal gerontological plans ; by three victims of violence support groups (AMCV – the Association of Women against Violence; APAV – the Portuguese Victim Support Association; and UMAR – Women’s Union Alternative Response); and also by three individual experts (Maria de Lurdes Quaresma, Ana Paula Gil and José Ferreira-Alves), with vast knowledge of the ageing process and on violence against older people.

### 8.2.

#### Methodological questions and modus operandi

The constitution of the national expert network was guided by principles that sought the adequate prosecution of the objectives of the Project. It is a network of an informal nature, constituted by key persons and organisations.

The articulation that was established sought, essentially, and in different moments of the Project, to facilitate the access to information available or to relevant entities, and commentary and/or proposition of recommendations on a national level in the field of intimate partner violence against older women.



A working subgroup was also constituted, formed by the Directorate-General of Home Affairs, the Directorate-General of Justice Policy, and by the District Public Prosecutor's Office of Lisbon. This subgroup looked to establish a privileged network of access to concrete information about investigations classified as relating to domestic violence against women aged 60 or above who were in a marital or equivalent relationship with the perpetrator. The analysis presented in *4.3.3 Data from District Public Prosecutors Offices of Lisbon and Évora* is a result of the work of this subgroup.

### **8.3. Recommendations**

The recommendations that are presented here are a result of reflections on a synthesis of what was mentioned by the respondents of the questionnaires, as well as what the professionals interviewed said. It also incorporates what the older women victims of intimate partner violence we interviewed were telling us.

It is structured into 3 large thematic areas: collection of information; provision and development of services; and policy and society. These thematic areas are constituted so that the issue of intimate partner violence against older women is made more visible: in the information to which all different types of public have access and in studies and in the research into the phenomenon of violence against older women in Portugal; in the health services, in the victim support systems, in social services, in older people support systems, in the police forces and other law enforcement agencies, etc; in the national political agenda and in the political measures implemented; and finally, in society in general.

A previous set of suggestions and recommendations was sent, by email, to those who showed an interest in its discussion as well as the people who constitute our Project national expert network.

They were further discussed in a meeting of the national expert network. The other people, who do not form part of the Network, were requested to send comments by email.

The recommendations presented now are therefore a result of the aggregation of suggestions and recommendations already mentioned.

### **8.3.1. Collection of information**

#### **8.3.1.1. Generic information**

- Systematically disaggregate the statistical information by sex and age, in the various fields characterised under the phenomenon of violence against women.
- Furthering of knowledge of the phenomenon, namely in research about the incidence and prevalence of domestic violence.
- Modernisation and perfection of the information system of the Public Prosecutors Offices and of Courts in the criminal area, with disaggregation of the data by type of crime and by criminal phenomena, covering all phases of the process.
- Promotion of protocols between universities or research centres and magistrates, for the realisation of studies with occurrence in court cases, for a better understanding of the effect of decisions, and of the intervention of formal instances of control in the lives of the victims and perpetrators, and about the criminal phenomenon.

#### **8.3.1.2. Research**

- Research on the impact of social support measures, specifically on an economic and housing level, on the lives of older women victims of intimate partner violence.
- Research, quantitative or qualitative, on the impact of the development and results of court cases in the lives of older women who press charges against their husband/cohabiting partner.

### **8.3.2. Provision and development of services**

#### **8.3.2.1. Of a transversal scope**

- The creation of specialised local networks in articulation with social networks, in order to achieve faster, more secure and proximity solutions. In this context, the establishment of formal partnerships with relevant organisations – the police, health centres, hospitals, social services, victims of violence support services, older people support systems, universities for older people, among others. The maintenance of regular partnership meetings in order to maintain the accompaniment and referral of cases. The establishment of orientation procedures common to all the organisations involved. The creation of follow-up forms.
- Local advice services, in services/institutions habitually frequented by older women.
- The creation of a role for a specialised contact person in local security services, health centres, day/community centres, courts and the Public Prosecutors Offices.

- The creation and maintenance of communities of practice among professionals in this field.
- Violence against older women, in situations of dating in old age, deserve particular attention by the organisations who provide support to women victims of intimate partner violence as well as by the entities responsible for policies to combat gender violence.

#### **8.3.2.2. Health services**

- The formulation of specific questions which allow the detection of eventual situations of intimate partner violence, by health professionals, namely family doctors.
- The specific training of health professionals about intimate partner violence against older women.
- The creation, in health centres, of specific units for the detection of domestic violence, with a specialised focus on older people.
- The elaboration of protocols between health services, victims of violence support organisations and older people support organisations.

#### **8.3.2.3. Victims of violence support services**

- Risk evaluation that takes into consideration the specifics of age and eventual dementia of the older perpetrator.
- The making available of technical support for the creation and implementation of mutual support groups for older women victims of intimate partner violence.
- The reinforcement of financial and human resources, in women's refuges and counselling services.
- The adoption of measures in counselling services for victims of domestic violence that function alongside the services of the Public Prosecutor offices, with articulation with the national network of counselling services for victims of domestic violence.
- More prolonged periods of service, accompaniment and follow-up for these cases.
- Promote the use of a tele-assistance service for women victims of domestic violence, namely on the basis of recently made protocol between the police and the Portuguese Red Cross, among older women.
- Empower older women in order to promote their integration into activities of the organisation.
- Training and specific preparation of professionals who work with victims of violence in the field of ageing; the eventual specialisation of some professionals in teams and services directed towards intervention with older women.

- The architectural adaptation of services and of equipment, facilitators in the moving of women with reduced mobility.
- Reinforcement of technical teams' modes of transport for the moving of women with reduced mobility, with particular relevance to those who are situated in isolated areas.
- Home care support for women who choose not to leave their homes.
- To intervene in a family mediation way or similar, trying to bring about alternative patterns of behaviour for the woman and changing some patterns of behaviour in the perpetrator; also, this must include other family members or other people significant to the older women.
- A more prolonged period of stay in the women's refuge, if necessary.

#### **8.3.2.4. Social services**

- Support in living arrangements.
- Prioritising the integration in the care home solution, safe-guarding specialised psycho-social support when necessary.
- Specific training for the social emergency line operators, namely concerning risk evaluation.
- Manuals to facilitate the learning of knowledge and information about intimate partner violence against older women.
- Specific training for social services professional and local authorities.

#### **8.3.2.5. Older people support services**

- Home care support and other specific support.
- Specific training for professionals about intimate partner violence (identification of the signs, working with older women victims of violence).
- Manuals facilitating the learning of knowledge and information about intimate partner violence against older women.
- Raising awareness activities directed at users.
- Raising awareness activities directed at users' families.

#### **8.3.2.6. Police forces and other law enforcement agencies**

- Manuals facilitating the learning of knowledge and information about intimate partner violence against older women.
- Specific training for professionals about intimate partner violence against older women.
- In the specific accompaniment of cases, to involve the police, in the logic of Support Programme 65 – Secure Older People<sup>54</sup>.

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<sup>54</sup> The programme *Support Programme 65 – Secure Older people* aims to: guarantee secure and calm conditions for older people; promote the knowledge of the work of the GNR and the PSP together with this group of the population; help prevent and avoid situations of risk. Through: reinforcement of

- The training of magistrates with content in the area of social and medical sciences, specifically on a risk evaluation level, the profile of perpetrators and of gerontology .
- The identification of magistrates to integrate a network of points of contact in Public Prosecutors offices, especially in the criminal area, with the intention to facilitate articulation with other entities that intervene in the area of crimes with a strong social component.
- The promotion of articulation between law enforcement agents and other entities in the prevention and repression of intimate partner violence against older women.

### **8.3.3. Politics and society**

- National and local action plans including measures to combat violence against older people, and more specifically against older women.
- Raising awareness and prevention directed at the community, and particularly at the older people.
- Campaigns in local and regional media to raise awareness on the issue and develop the capacity to press charges, namely by local opinion makers.
- Make information about intimate partner violence against older women more accessible to older women in the places most frequented by them, in language and with images that are accessible and easily understood.
- The inclusion of these themes in municipal gerontological plans.
- Political measures orientated towards the specific support of older victims of domestic violence.

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policing in places most frequented by the older people; the creation of a network of direct and immediate contacts between the older people and the GNR and the PSP, in case of necessity; the installation of telephones in residences of people who live in more isolation and have less defences; the collaboration with other entities that provide support to the older people.

## IX

# Summary and discussion

Intimate partner violence against older women in Portugal has deserved little attention in politics, in the media, in scientific research, in support organisations for victims of violence, in older people support organisations and in society in general. However, on the other hand, this has becoming less and less a taboo in our society.

The pertinence of this problem seems obvious, in a world where societies are increasingly getting old. Also, ageing in society has a feminine face, as do the victims of intimate partner violence.

Our data review points out to the systemic invisibility of the phenomenon in Portugal.

Intimate partner violence against older women is rarely a topic of concern in Portugal. This is evidenced by the available data collected and analysed in the report; we come across a rather partial portion of the overall picture (for instance, no data available from the health sector).

The number of older women who have experienced violence in intimate relations all their lives is estimated to be somewhat considerable. Institutional data and research conducted in Portugal did not, until now, contribute to give an adequate visibility to this phenomenon.

Data on reported criminalisation show us that, in 2008, 14.2% of domestic violence victims were aged 55 years and older<sup>55</sup>. In 2007 88% of older victims of crimes in general, reported to the National Republic Guard (GNR)<sup>56</sup>, were women (aged 65 and older); 40.3% of those crimes were domestic violence crimes followed by 31.3% of crimes of abuse.

Data gathered by our research revealed that in a three-year period (2006-2009) 803 older women victim of intimate partner violence contacted the organisations that responded to our institutional survey. Although we must emphasise that our research never aimed to be a prevalence study, rather an in-depth case

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<sup>55</sup> Against 69.5% aged between 25 and 55. Source: DGAI (2008) *Annual Report on Home Affairs Security 2008*.

<sup>56</sup> GNR is a police force mainly present in rural areas while PSP has a strong presence in urban areas.

knowledge study, numbers gathered here are important to call attention upon intimate partner violence against older women.

As it has been often publicly recognised by all relevant international, European and national institutions, violence against women is not a private or an individual matter. Neither is intimate partner violence against older women.

Portugal has a specific history, determining social and cultural contexts that impose particular generational dimensions –women who are now old grew up and lived part of their adult lives under a political dictatorship, where women and men played contrasting social and family roles, their identities being severely gendered, and under a very strict social control.

That regime dictated that motherhood and family life were women's primary roles. Women were somewhat confined in the private sphere of their homes. On the other hand, men's main role was mainly the family breadwinning.

This context set the path to the present situation of many Portuguese older women – they are extremely vulnerable to poverty, living in poor and deteriorated housing conditions, and disposing of a very low income. Our interviews show that about half of the women interviewed receive a monthly pension below €300.

The Catholic Church also played an important role within the dictatorship. Women were married for life; it was regarded as their duty to maintain the relationship regardless what happen. And this was magnified by the State conferring no right to legal divorce under Salazar regime.

Although over 30 years have passed since the end of the 'Estado Novo' regime, the gendered social and cultural identities and behaviours still play a role particularly in older people's ways of living.

In fact, cultural attitudes towards endless marriages and relationships prevail among older people but also among the society as a whole when looking at older couples. Nevertheless, in the lives of the older women we have interviewed violence begins early; most women said that the first episode of intimate partner violence took place within a year of their marital relationship.

A significant number of the staff interviewed stated that most older women victims of intimate partner violence they've been in contact with had little or no intention to leave their homes; they said that what those women wish is to

change their situation and live free from violence. The way this change could happen may vary (according to the professionals' views) – relationship rupture / legal divorce, living in separated homes; maintenance of a common home but the relationship comes apart; continuing to live together within a more secure relationship (sometimes negotiated with the male partner as well).

However, the older women we've interviewed did not wish to maintain their relationship; they wanted to break up. And from the group of seven, only two (the oldest ones) remain living in the same home as their perpetrator. In fact, when they decided to look for help and to make contact with a support organization they were quite convinced of what they wanted – to end up the relationship.

More than the emotional ties (if existing), the housing and financial difficulties are the main bindings for remaining in a violent relationship.

The violent relationships are framed, in old age, particularly by psychological violence and emotional abuse; these are, at present, the forms of violence that older women experienced more frequently. Nevertheless, interviewed older women also experience physical, financial and sexual violence. Also prevalent are intimate relationships characterized by adultery on the part of the male partner, often continuing into old age.

Intimate partner violence is fundamentally a violence of control; control that can be maintained in many ways, especially after physical violence has been perpetrated. And particularly in old age fear and control are high, while physical injury is overall, low.

We also found differences between urban and rural contexts. In rural areas the social control and tension over one's role and way of life are stronger than in urban areas; also, in general, there is a wider lack of service provision and information

We must keep in mind that supporting services and political measures on preventing domestic violence and supporting victims of violence in Portugal are a relatively new achievement. This in itself may have inhibited women in the past from breaking up violent intimate relationships. At present, though, the lack of awareness about who might help and support them may also be inhibiting a significant number of older women experiencing intimate partner violence of ending up the cycle of violence.



The influence and support given by other family members or adult children played a crucial role in the help seeking behaviour of the interviewed older women. The majority of them had, in the past, some kind of support from their family members. On the other hand, neighbours often played an important role in providing safety and immediate support. They were, somehow, protected by them, and sometimes encouraged to seek for help.

Adult children often provided relevant support and, sometimes, were the ones who encouraged and accompanied their mothers to seek for formal help within support organisations.

Formal help comes usually later and in a stage where the rupture of the relationship is key to the solution. That was even acknowledged by some professionals as regarding their own professional performance - 'it's easier to work with those who leave their partner than with those who remain living with the perpetrator' [Interviewee 22, Support Center for Victims of Domestic Violence, Psychology].

We could recognize different approaches towards intimate partner violence against older women in different (types of) services. This not only reflected cultural and professional backgrounds but also different skills and competences among the staff in institutions. The critical issue here is that sometimes this can, and in some reported cases it did, compromise the outcomes, acting as real barriers to an effective support.

Professionals recognised that sometimes they thought that if 'this woman withstood 30 or more years living in a violent relationship, why would she now leave when she (and her partner) is old?'. It is, in fact, the professional and personal answer to that question that can make the difference in the support to be given to older women.

Also the lack of (human and financial) resources persisting today in support organisations to victims of violence is definitely one of the main barriers to older women victims of intimate partner violence finding adequate support. Older women who lived in long-lasting violent relationships may take a longer time to take a decision. Therefore longer support is often needed.

The lack of resources within supporting organisations is thus turning into an obstacle adding to the other social and individual challenges and difficulties older women already face.

Older women experiencing intimate partner violence have been significantly exposed to long-term violence, suffer and trauma; and those who do not contact supporting organizations are more likely to live with the abuser and to remain in violent relationships all their lives.

The needs of older women victims of intimate partner violence are quite the same as their younger counterparts – safety, access to social and health care, social and family ties, financial support and economical stability, a place to live in peace and security, among others. It is rather the way they access to and the required duration of services and support measures that differ.

Older women, and particularly those who are over 75, are, in many cases, low educated, sometimes illiterate, having, therefore, less access to knowledge about their own (legal) rights. These circumstances can lead to one's enclosure on violent relationship, not looking for help and support.

And this is particularly evident as regards to housing and financial strains – older women lived all their lives in the family home, in what they regard as being part of their own heritage, and receive scarce old-age pensions. They do not see an immediate solution for their problems beyond keeping on living within a violent relationship. Therefore, giving information about possible alternatives to those older women could be one part of the solution as well as psychological support when needed.

The women we've interviewed were part of the group that came forward with their situation and looked for help and support. When informed, they prove to be very pro-active in dealing with their own situation and in looking for secure life alternatives.

In the final part of our report some recommendations proposed by the staff interviewed as well as by the experts who have participated in our national expert network are presented. Acknowledging that these recommendations are quite detailed, loosing, somehow, the required strength, they have the capability to be clearly understood and put into practice by the respective professionals/institutions.

Anyhow it is important to highlight the need for:

- A) Increased knowledge and visibility of the phenomenon - institutions should present data disaggregated by sex and age; and further research is needed on the topic of violence against women (about its different

forms, women that do not contact supporting organisations, women with a migrant background, etc.);

- B) Improved awareness raising and training amongst professionals of different areas (law enforcement, health, social services, older people and victims of violence support services);
- C) Promote the relationship and networking among different types of organisations;
- D) Involve older women as part of the individual and of the overall solution.

It is our expectation that this research represents a significant contribute to the knowledge and the visibility of intimate partner violence against older women in Portugal. Nevertheless there are some key aspects to be emphasised in this last section.

First of all, our research did not intend to be a prevalence study. The numbers presented in this report are closely connected to the rationale of our methodological approach – the numbers were gathered through three main sources: data coming from specific organisations, data collected via respondents to the institutional survey and staff interviews.

This research was objectively designed to focus on intimate partner violence against older women. Although this is a sociological and psychological concept not so common or widespread among researchers and professionals that deal with the phenomenon in Portugal, we considered it as a cornerstone of the research.

As women, and men, age and get older intimacy within the (older) couple tends to be ignored. Most older people live in long-lasting formal relationship and sometimes (new and old) problems between the couple appear. Intimate partner violence against women is not an issue framed in an age specific range (e.g. 25-50); it is a cross-age gender issue.

Also violence against older people that occurs in other types of relationships (like in care giving relationships, from sons/daughters toward parents) tends to be over emphasised compared with intimate partner violence. On the other hand, some misunderstandings between the concepts of intimate partner violence and elder abuse may exist among some professionals. And these misunderstandings may lead to the design and implementation of strategies and support measures that are not the most adequate.

Another cornerstone of the research was to base all assumptions and analysis on an insider's view of the phenomenon –either gathered from professionals, via institutional survey and staff interviews, and from older women experiencing intimate partner violence themselves. It is thus based on tacit knowledge of professionals and of victims.

The methodological option to focus on women aged 60 and older proved to be relevant regarding our sample of older women as it gave us the possibility to come across a heterogeneous group of women: first of all, it became evident the significant role played by the generational dimension; and we were able to contact qualified and illiterate women, living in urban and rural areas, who had a previous professional background or who were housewives, with and without a migration trajectory, among other characteristics.

However, it's important to stress that we only met the stories of older women who had some kind of contact with supporting organizations. This is, from our point of view, one task still to be accomplished in Portugal. The way how we got in contact with interviewees – via supporting organizations – has to be taken into account when analysing the results; and that is maybe why we came across such pro-activity in searching for one's own way out of violence.

Also we got no direct knowledge about women from minority groups in the Portuguese society, e.g. African women, gipsy women or lesbian women.

We are thus conscious that there are other stories to be revealed, questions to be answered and problems to be solved.

Another issue to be tackled in future research is the perpetrators' side of the stories. Basically the intention is to get to know the societal and contextual background of violent men and their role in the development of violent intimate relationships. To focus on one element of the intimate relationship could lead to stress the subjectivity of truth. But if we stressed the victim's side is mainly because they were silent voices living in violent relationships; it is our firm belief that the voices of women experiencing intimate partner violence need to be strengthened in order to make them heard by those who have particular responsibilities in policy design and development.

If the most predominant type of violence in old age is the psychological one, including verbal aggression and control over the women's movements, how can one make proof in courts? How to go through such an experience, which is

particularly traumatic to older women who were socially brought up to keep to themselves their own problems and the problems of their families?

It was often stated that 'no more laws' are needed, rather good practice. It was recently implemented a new Law on Domestic Violence in Portugal (Law n. 112/2009), establishing the legal framework for the prevention of domestic violence and protection and assistance of its victims, superseding previous laws. This Law is being presented by the Government as a best practice throughout Europe, alongside with the Spanish one, mainly because it establishes the entire legal framework regarding the topic, namely regarding raising awareness, victims' rights, protection measures, social and emergency support, police protection and penal/judicial framework, governmental policy, among others.

However, both professionals and victims interviewed in this study were somehow critical to the law enforcement system (police, public prosecution and courts). Bureaucracy, time elapsed between reporting the crime till the criminalisation of the perpetrator if ever, the need to present proofs beyond any doubt - particularly difficult to elaborate when the prevalent type of violence is the psychological one - were among the main reasons presented.

Respondents said that sometimes law enforcement agencies do not believe and trust in what the victims were reporting. The 'State being on the victim's side' is often criticized and non-believed. There seems to be a barrier to overcome regarding law enforcement and social opinion from both 'sides' - law enforcement agencies and professionals, victims and public in general. This could be improved by 'good practice of Law'.

Violence perpetrated by men against women is one of the greatest crimes of humanity. It occurs in unequal gender relationships of power, based on identities, feminine and masculine, constructed upon normative asymmetrical principles and upon social expectations and pressures, more or less permissive and tolerant in relation to intimate partner violence.

The 'naturalisation' and the 'commonality' of violence perpetrated by men against women are nowadays no longer socially acceptable nor a private matter. It is rather an object of collective and public deconstruction, and of legal and judicial combat.

Awareness raising of the public as well as of particular professional/institutional contexts; this is definitely a two side strategy - intimate partner violence against older women should become visible in public debate enabling victims to

seek for help and to enabling practitioners overcoming stereotypes about victims and learning adequate ways to support them.

In our perspective, professionalism, self-help and self-representative groups should go in parallel – these are three strategies that can help (older) women to overcome barriers in order to live in secure environments.

Intimate partner violence against older women gains, with this Project, a larger and renewed visibility, first and foremost on a national level. They are not just numbers that are given to learn; they are individual reported cases and the perspectives about how to deal with and intervene in this problem identified by professionals in relevant organisations; and they are life stories of violence, narrated in first person by women who today are more than 60 years old.

Throughout this report, some stories are told of older women who experience continued violence for decades of their lives. They are tales of “private wars” where “the soldiers” from one side of the trench and the other, did not fight with the same resources nor have the same amount of power.

These are women, for whom it is extremely difficult, for various motives, to seek and obtain help. They are true survivors, having, throughout the course of their lives, invented and implemented various strategies, the principal motivation being the promotion of the well-being of the family and, in particular, of the children.

It is generally pointed out the fact that older women remain in abusive and violent relationships due to the social expectation that it is their duty to care for their partner and their family. But it is also known that the maintenance of violent relationships and remaining at home, (in “their” home) is, in large part, influenced by social factors related to age, such increased economic deprivation in old age, difficulty in obtaining adequate social support, difficulties in accessing alternative housing arrangements.

All these women feel the urge to talk about their situation, whether with families, friends or professionals. This need translates, in itself, as a form of validation of their life experiences, of confirmation that the situations they have lived through constitute, in fact, an attack on their dignity as women and as human beings.

The adoption of survival strategies stems, in old age, from a self-evaluation on the part of these women, of their competencies and capacities and from a lower tolerance towards the aggressive behaviours perpetrated against them. And

perhaps this is the reason why, now in old age, these women decide to make the change in their lives.

There are theoretical models that refer that the change is 'something that happens gradually (Barnett & La Violette, 1993) through distinct cycles or stages of overcoming the abuse. This change is usually formed through a very long period of time (Rosen & Sith, 1997) and goes through consecutive periods of belief and disbelief, hope and desperation, toleration of the abuse or fury against it, leaving and/or staying (Merritt-Gray & Wuest, 1995, cit. Kearney, 1999)' (quoted on Matos, 2006).

Alongside these models we find the mobilising action perspective on the part of older women – they want and seek for change, whatever this may be.

It must not be forgotten, however, that the older women victims of intimate partner violence portrayed here were women of action, who managed to react against and to seek for help. There will be a whole gamut of other older women who remain in abusive relationships, for the most part, invisibly and in silence. Women who, for various reasons, cannot access knowledge about their rights, and information about possible ways to (re)act, or those who simply have already given up – on themselves and on a happy, secure life.

May the courage of the women who wished to talk to us about themselves and their stories, contribute to empower other women, who have not yet managed to break the cycle of violence, and sow new seeds of hope!...

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# Appendix

## Appendix 1 Institutional survey (long version)

### Dear participant,

With funding from the Daphne III programme of the European Commission, we are currently conducting an international study with partners from Germany, Austria, Great Britain, Hungary, Poland, and Portugal. We address the question to what extent women aged sixty or above experience violence by partners or ex-partners (intimate partner violence), what kind of help and support they seek and receive and what kind of support they need. Up to now, little is known about older female victims of intimate partner violence and the help they require and this research will help to address that gap in our knowledge.

We send this questionnaire to institutions and organisations that may have been in contact with older female victims of intimate partner violence in recent years. In the questionnaire you will find questions on/about your organisation's experience in this area. To ensure a common time frame for the survey, most questions in the first part of the questionnaire refer to the last three years (2006-2008). In order to include recent incidents, questions 1 and 2 also refer to 2009.

If you and your organisation do not have experiences with cases of intimate partner violence against older women during the indicated period of time, your views are still highly interesting to us. In this case the questionnaire will direct you to the relevant sections to answer. Please send back the completed questionnaire as soon as possible, preferably before [\*\* date four weeks after sending out the questionnaire \*\*].

Should you have any further data and/or documents which might be of interest to us – e.g. age specific user statistics – we would be very grateful if you could include these with the questionnaire or send them by email to [\*\* e-mail \*\*].

Following this survey of organisations, we intend to conduct interviews with professionals who have case knowledge. We would be very pleased if you would be willing to participate in such an interview. Please provide your contact details at the end of the questionnaire so that we may contact you later. Please also note on the form if you would like to be kept informed about the study and its results or discuss the results with us by ticking the appropriate box. In any case, the survey will be analysed anonymously.

Should you have any further questions, please do not hesitate to contact us. [\*\* contact details\*\*]

In order to have a shared understanding of our topic we hereby present our definition of intimate partner violence: An intimate partnership can be any type of couple, homo- or heterosexual, married, cohabiting or just dating. It is not necessary that the relationship is still ongoing. Violence by ex-partners is included (if happening or still happening after the woman turned 60). We define violence as a nonlegitimate forceful tactic, intentionally employed to cause physical and/or psychological harm. It includes the use of physical force and infliction of injuries as well as emotional and sexual abuse, sexual harassment, financial exploitation and intentional neglect (if the victim depends on care and support by the partner or former partner).

We are looking forward to receiving your information and thank you for contributing to the success of this research.

Yours faithfully



Date of completion of the questionnaire \_\_\_\_\_

Part 1: Institutional / professional experience with older female victims of intimate partner violence

**Attention: In the subsequent questions we ask you for numbers of clients/cases. In the case that you do not have exact numbers, please estimate the numbers. If you have precise numbers please cross out the "about" or "approx." for each relevant section.**

1. In the years 2006 to 2009, has your organisation / have you been in contact **with cases of older women (aged 60 and above) affected by violence committed by current or former intimate partners?** (Please tick all applicable boxes)

- yes, in 2009
- yes, in 2006 to 2008
- no *fi* *Please proceed to question 14 (→ page XX)*
- I do not know *fi* *Please proceed to question 14 (→ page XX)*

2. Among the cases you have / your organisation has been in contact with, **how many older women** were affected by intimate partner violence?

**In 2009:**

in total (about) \_\_\_\_\_ female victims aged 60 and above

**In the years 2006-2008:**

in total (about) \_\_\_\_\_ female victims aged 60 and above

*Attention: All subsequent questions in Part 1 refer to the years 2006 to 2008 only. If you had victim contact in 2009 only and not in the years 2006 to 2008 please proceed to question 14.*

3. **Victims' age groups:** Among the older victims in the years **2006 to 2008** were....

Women aged 75 years or above?

If so, how many? (approx.) \_\_\_\_\_ victims aged 75 years or above

Women aged 60 to 74 years?

If so, how many? (approx.) \_\_\_\_\_ victims aged 60 to 74 years

**4.** What was the **proportion** of **older female victims of intimate partner violence** among the clients of you / of your organisation in the years 2006-2008?

Among **all clients** , the proportion of **older female victims** of intimate partner violence was (about) \_\_\_\_\_ **percent**

Among all our **female clients with experiences of intimate partner violence**, the proportion of **older female victims** was (about) \_\_\_\_\_ **percent**

**5.** How did **the number of cases** of intimate partner violence against older women in your organisation’s caseload **develop** if you compare the years 2006-2008 to 10 years before?

- The number of cases increased by (about) \_\_\_\_\_ percent in comparison to 10 years before.
- The number of cases decreased by (about) \_\_\_\_\_ percent in comparison to 10 years before.
- The number of cases remained about the same.
- Do not know / comparison not possible.

**6.** Among the cases of intimate partner violence against older women you have / your organisation has been in contact with in years 2006 to 2008, how many took place in **hetero-** and how many in **homosexual partnerships?**

in total (about) \_\_\_\_\_ female victims aged 60 and above in heterosexual partnerships  
 in total (about) \_\_\_\_\_ female victims aged 60 and above in homosexual partnerships

**7.** Which **forms of intimate partner violence** against older women did you / your organisation encounter? *(Please tick all applicable boxes below; a women may have been affected by more than one form of violence)*

Type of IPV	How many women were affected by this type of behaviour?
<input type="checkbox"/> physical violence	(approx.) _____ victims
<input type="checkbox"/> sexual violence	(approx.) _____ victims
<input type="checkbox"/> psychological / verbal aggression and violence	(approx.) _____ victims
<input type="checkbox"/> financial exploitation	(approx.) _____ victims
<input type="checkbox"/> intentional neglect (applies to	(approx.) _____ victims

care dependent victims only)	
<input type="checkbox"/> sexual harassment	(approx.) _____ victims
<input type="checkbox"/> stalking <sup>57</sup>	(approx.) _____ victims
<input type="checkbox"/> Other, namely: _____ _____ (please specify)	(approx.) _____ victims

**8. Characteristics of victims:** Among the older female victims of intimate partner violence, were there women who ...(*multiple options are possible, please tick all applicable boxes below*)

	How many victims in 2006-2008?
<input type="checkbox"/> were from an ethnic minority/ were migrants?	(approx.) _____ from an ethnic minority/ migrant victims
<input type="checkbox"/> did not have a permanent legal residence status in our country?	(approx.) _____ victims without permanent legal residency status
<input type="checkbox"/> required nursing care?	(approx.) _____ victims in need of care
<input type="checkbox"/> were physically handicapped	(approx.) _____ physically handicapped victims
<input type="checkbox"/> were mentally handicapped (UK: had learning disability)?	(approx.) _____ mentally handicapped victims (UK: victims with learning disabilities)
<input type="checkbox"/> required other kinds of support <sup>58</sup> ?	(approx.) _____ victims in need of other kind of support
<input type="checkbox"/> suffered from dementia?	(approx.) _____ victims suffering from dementia
<input type="checkbox"/> suffered from other mental illnesses?	(approx.) _____ mentally ill victims
<input type="checkbox"/> had a substance misuse problem/were addicted to alcohol/drugs?	(approx.) _____ victims with substance misuse problem
<input type="checkbox"/> were homeless?	(approx.) _____ homeless

<sup>57</sup> Explanation: Stalking can be defined as a pattern of repeated and unwanted attention, harassment, contact, or any other course of conduct directed at a specific person that would cause a reasonable person to feel fear.

<sup>58</sup> This mainly refers to limitations in social interaction and communication and in performing household chores below the threshold of care dependency.

	victims
<input type="checkbox"/> were stressed / strained in other ways, namely _____ _____(please specify)	(approx.) _____ victims stressed / strained in other ways
<input type="checkbox"/> lived more than 50 km away from you / your organisation	(approx.) _____ victims living more than 50 km away from you / your organisation
<input type="checkbox"/> had other special characteristics, namely _____(please specify)	(approx.) _____ victims with other special characteristics

**9. Perpetrators:** Who were the perpetrators in these cases?

*(multiple options are possible, please tick all applicable boxes below)*

	How many victims in 2006-2008?
<input type="checkbox"/> cohabiting partner	(approx.) _____ victims
<input type="checkbox"/> partner not cohabiting (e.g. dating relationships)	(approx.) _____ victims
<input type="checkbox"/> former partner	(approx.) _____ victims
<input type="checkbox"/> perpetrator is caregiver of the victim	(approx.) _____ victims
<input type="checkbox"/> perpetrator receives care from the victim	(approx.) _____ victims

**10.** Please characterize the **type of intimate partner violence** reported by the victims. *(multiple options are possible, please tick all applicable boxes below)*

	How many victims in 2006-2008?
<input type="checkbox"/> one-way violence from/by victim's partner or ex-partner	(approx.) _____ victims
<input type="checkbox"/> mutual violence	(approx.) _____ victims
<input type="checkbox"/> frequent acts of violence	(approx.) _____ victims
<input type="checkbox"/> intimate partner violence as single or unusual/infrequent occurrence	(approx.) _____ victims

<input type="checkbox"/> long lasting/enduring intimate partner violence (one year and more)	(approx.) <input type="text"/> victims
<input type="checkbox"/> short history of intimate partner violence (less than one year)	(approx.) <input type="text"/> victims
<input type="checkbox"/> intimate partner violence started/began before woman turned 60	(approx.) <input type="text"/> victims
<input type="checkbox"/> intimate partner violence started/began after woman turned 60	(approx.) <input type="text"/> victims

**11.** How did you / did your organisation **obtain knowledge** of the respective cases?

*(multiple options are possible, please tick all applicable boxes below)*

	How many victims in 2006-2008?
<input type="checkbox"/> The victim herself contacted me / my organisation.	(approx.) <input type="text"/> victims
<input type="checkbox"/> Observations from the part of my organisation / from my part lead to the suspicion of IPV.	(approx.) <input type="text"/> victims
<input type="checkbox"/> A person close to the victim contacted me / my organisation.	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation was informed by the police.	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation was informed by the legal system/courts.	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation was informed by general practitioners, specialists or other medical services (e.g. hospitals).	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation was informed by other organisations, namely <input type="text"/> (please specify)	(approx.) <input type="text"/> victims
<input type="checkbox"/> Other ways of obtaining case knowledge, namely: <input type="text"/> (please specify)	(approx.) <input type="text"/> victims

**12. How did you first get in contact with the victim?** (multiple options are possible, please tick all applicable boxes below)

	How many victims in 2006-2008?
<input type="checkbox"/> The victim contacted me/ my organisation.	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation contacted the victim directly.	(approx.) <input type="text"/> victims
<input type="checkbox"/> I / my organisation contacted the victim via other persons with case knowledge (family members, other organisations)	(approx.) <input type="text"/> victims
<input type="checkbox"/> There was no direct contact between me / my organisation and the victim because <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> Other, namely: <input type="text"/>	(approx.) <input type="text"/> victims

**13. Services:** What kinds of services were provided by you / your organisation, what kind of action did you / your organisation take? (most organisations offer more than one kind of service, please tick all applicable boxes below)

	Please specify types of services where appropriate	How many victims in 2006-2008?
<input type="checkbox"/> crisis intervention	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> psycho-social support/counselling	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> giving information on other appropriate organisations	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> psychotherapeutic support	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> legal advice	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims

		victims
<input type="checkbox"/> support with daily living activities (accompanying clients to public authorities etc.)		(approx.) victims
<input type="checkbox"/> provision of nursing care		(approx.) victims
<input type="checkbox"/> provision of medical services		(approx.) victims
<input type="checkbox"/> provision of a bed in a shelter/refuge		(approx.) victims
<input type="checkbox"/> support with moving to a care home		(approx.) victims
<input type="checkbox"/> handing over/referring the case to another organisation		(approx.) victims
<input type="checkbox"/> financial aid		(approx.) victims
<input type="checkbox"/> conducting criminal investigations		(approx.) victims
<input type="checkbox"/> issuing restraining orders by courts		(approx.) victims
<input type="checkbox"/> banning offenders from a premise		(approx.) victims
<input type="checkbox"/> filing complaints		(approx.) victims
<input type="checkbox"/> controlling adherence to restraining orders		(approx.) victims
<input type="checkbox"/> imposing fines		(approx.) victims

		victims
<input type="checkbox"/> convicting perpetrators	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> Other, namely: <input type="text"/> (please specify)	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> Other, namely: <input type="text"/> (please specify)	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims
<input type="checkbox"/> Other, namely: <input type="text"/> (please specify)	<input type="text"/> <input type="text"/>	(approx.) <input type="text"/> victims

**Additional questions on other possible perpetrators and on older male victims of intimate partner violence**

**14. Perpetrator:** In some cases, older women become victims of other close persons, e.g. children (also children-in-law), grandchildren, neighbours, friends and acquaintances. If you have / your organisation has had case knowledge of those kinds of cases between 2006 and 2008, who was the perpetrator?

*(Please tick all applicable boxes below)*

Perpetrator	How many victims aged 60 years plus in 2006-2008?
<input type="checkbox"/> victim's son	(approx.) <input type="text"/> victims
<input type="checkbox"/> victim's son-in-law	(approx.) <input type="text"/> victims
<input type="checkbox"/> victim's daughter	(approx.) <input type="text"/> victims
<input type="checkbox"/> victim's daughter-in-law	(approx.) <input type="text"/> victims
<input type="checkbox"/> victim's grandson	(approx.) <input type="text"/> victims
<input type="checkbox"/> victim's granddaughter	(approx.) <input type="text"/> victims
<input type="checkbox"/> other relatives	(approx.) <input type="text"/>



	victims
<input type="checkbox"/> neighbours, acquaintances, friends	(approx.) <input type="text"/> victims
<input type="checkbox"/> Other, namely: <input type="text"/> (please specify)	(approx.) <input type="text"/> victims

**15.** In the years 2006 to 2008, has your organisation / have you been in contact with cases of **older men** (aged 60 and above) affected by violence committed by current or former intimate partners?

- yes
- no <sup>fi</sup> *Please proceed to question [\*\* 17 \*\*] (→ Page yy)*
- I do not know <sup>fi</sup> *Please proceed to question [\*\* 17 \*\*] (→ Page yy)*

**16.** If so: **How many older men** were affected by intimate partner violence?

In total (approx.)  in heterosexual partnerships / ex-partnerships  
 In total (approx.)  in homosexual partnerships / ex-partnerships

**PART 2: Perceptions of the problem of intimate partner violence against older women**

**17.** Below are a number of **statements on the topic of intimate partner violence against older women**. Please indicate to what extent you agree or disagree with these statements.

	<i>strongly agree</i>					<i>strongly disagree</i>
Older women become victims of intimate partner violence less often than younger women.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
In older couples, women are more often perpetrators of IPV than in younger couples.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
The number of older female victims of intimate partner violence will grow in the future.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Intimate partner violence against older women is a topic no one really wants to deal with up to now.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
Older female victims of intimate partner violence need other	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

types of support and assistance than younger women.

Women in all stages of life are threatened by intimate partner violence – women in later life are not exempted from this.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

The importance of the problem of intimate partner violence against older women is underestimated up to now.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Intimate partner violence against older women should be of higher importance in professional training for psycho-social and medical professions.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Older female victims of intimate partner violence need more support than is provided up to now.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Only a few older women become victims of intimate partner violence.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Older female victims of intimate partner violence face particular difficulties in the breaking-up of a long-term abusive relationship.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Younger female victims of intimate partner violence more often permanently separate from their abusers than older women do.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Intimate partner violence against older women often occurs in the context of dependency of care.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

**18. Based on your experience, please assess the following statements about professional activities with older female victims of intimate partner violence.**

*absolutely true*

*true* *absolutely not*

Existing support systems are adequate for the needs of older female victims of intimate partner violence.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

It is difficult to motivate older female victims of intimate partner violence to seek help.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Older women experiencing intimate partner violence need more proactive forms of assistance than younger women.

<sub>1</sub>   <sub>2</sub>   <sub>3</sub>   <sub>4</sub>   <sub>5</sub>   <sub>6</sub>

Working with older female victims of intimate partner violence requires specialist professional training. <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub>

Professionals working with older female victims of intimate partner violence should themselves be middle-aged or older. <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub>

Older women experiencing intimate partner violence are more reluctant to seek help than younger women. <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub>

Older women experiencing intimate partner violence are more ashamed of what has happened to them than younger women. <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub>

**19.** Please estimate to what extent **young and older women** who become victims of intimate partner violence **press criminal charges and seek help** in [your country]. *(Please fill in an estimated number)*

According to my estimate, **out of 100 women aged 20 to 40** who become victims of intimate partner violence, ....

press criminal charges

seek medical help

seek psycho-social assistance

seek help by the clergy

seek other help, namely:

*(please specify)*

According to my estimate **out of 100 women aged 60 and above** who become victims of intimate partner violence, ....

press criminal charges

seek medical help

seek psycho-social assistance

seek help by the clergy

seek other help, namely:

*(please specify)*

**Part 3: Your organisation**

**20.** How would you describe your **organisation?** (please choose only one term which best fits your organisation)

- battered women’s shelter
- counselling service for female victims of violence
- [\*\* Beratungs- und Interventionsstelle, Gewaltschutzzentrum / Interventionsstelle (nach Gewaltschutzgesetz) \*\*]
- counselling service for victims of violence (face to face)
- telephone helpline for victims of violence
- telephone helpline concerning elder abuse and neglect
- counselling service for the issue of elder abuse and neglect
- counselling service for issues of caregiving
- crisis intervention center
- ombudsman for older people
- professional care institution
- counselling service for women (not limited to topics of violence)
- psycho-social counselling service (issues: partnership, crises) – face to face and telephone
- counselling service for older people
- police
- public prosecutor’s office
- criminal court
- clergy/religious community (spiritual/religious support)
- community based social assistance/social services
- social emergency helplines
- health care service (medical and social professions)
  - primary care centers
  - hospitals
  - I am a general practitioner
  - I am a specialist, namely \_\_\_\_\_ (please specify)
  - social service in health care institutions
- NGO or not for profit organisation for older people  
\_\_\_\_\_ (please specify)
- Other, namely: \_\_\_\_\_ (please specify)

**21.** What are the **topics** your organisation typically deals with? *(please tick all applicable boxes below)*

- violence in general
- crime in general
- domestic violence / violence in families and partnerships
- domestic violence against women/girls
- elder abuse and neglect
- sexual violence
- violence against children
- deficiencies and problems in elder caregiving
- care and support of older people / gerontological social work / social services
- immigration
- psycho-social problems of women
- psycho-social problems of older people
- psycho-social problems in general
- spiritual well-being (spiritual/religious support)
- health care
- Other, namely: \_\_\_\_\_ *(please specify)*

**22.** Is intimate partner violence against older women **one of the issues on your / your organisation's current agenda?**

- yes       no      Please explain your answer:  
\_\_\_\_\_

**23.** Have you developed **specialised services** for older female victims of intimate partner violence?

- yes       no      If so: What kinds of services?  
\_\_\_\_\_

**24.** Are older women explicitly stated as a **target group of you / of your organisation?**

- yes       no      Please explain your answer:  
\_\_\_\_\_

If so: How do you access this target group?  
\_\_\_\_\_

**25.** To what extent are you **satisfied with the support** for older female victims of intimate partner violence from your part / from the part of your organisation?

I / We did not have any cases of intimate partner violence against older women.

<i>Very unsatisfied</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Absolutely satisfied</i>
1	2	3	4	5	6	

Explanations

**26.** Are there **any services you would like to offer** to older female victims of intimate partner violence – in addition to your existing services / the existing services of your organisation?

no  yes If so: What kinds of services?  
 (please specify)

**27.** How many people **work on a paid and permanent basis** in your organisation? (Please count full-time equivalents)

**28.** How many people work as **volunteers** for your organisation?

**29. Where** are you / where is your organisation situated (province, state)?

**Part 4: Personal data**

30. Are you  **female** or  **male**

31. **How old** are you?  years

32. What  is your **professional background**?

33. What is the **position** you currently hold within your organisation?

34. **How long** have you been working in your organisation?

For  years and  months

**Thanks a lot**

for taking the time to fill in the questionnaire. We really appreciate your contribution to gathering relevant information on the topic of intimate partner violence against older women.

**35.** Are you interested in further **information on our research project** and in the **results of the survey**?

no  yes If yes, please provide your email-address \_\_\_\_\_

**36.** Are you willing to take part in an **interview on the issue**?

no  yes If yes, please provide your name, email-address and telephone number

\_\_\_\_\_

**37.** Are you interested in being involved in the **discussion of recommendations for future work with older women as victims of intimate partner violence** on a national and European level?

no  yes If yes, please provide your email-address \_\_\_\_\_

If there is anything else you would like to tell us, please do so below.

**Please send the completed questionnaire in the envelope enclosed to:**

**Address**

## Appendix 2 Institutional survey (short version)

### Dear participant,

With funding from the Daphne III programme of the European Commission, we are currently conducting an international study with partners from Germany, Austria, Great Britain, Hungary, Poland, and Portugal. We address the question to what extent women aged sixty or above experience violence by partners or ex-partners (intimate partner violence) and what kind of help and support they seek. Up to now, little is known about older female victims of intimate partner violence and the help they require and this research will help to address that gap in our knowledge.

We send this questionnaire to institutions, organisations and professions that may have been in contact with older female victims of intimate partner violence in recent years. Our main goal is to find out, what kind of organisations older female victims of intimate partner violence turn to for help. We would be very grateful if you could fill in the questionnaire, even if you do not have experiences with these kind of cases.

It will take you about 5 minutes to fill in the questionnaire. Please send back the completed questionnaire as soon as possible, preferably until [\*\* date four weeks after sending out the questionnaire \*\*].

Following this survey of organisations, we intend we intend to conduct interviews with professionals who have case knowledge. Should you have experiences with cases of intimate partner violence against elderly women, we would be very pleased if you would be willing to participate in such an interview, fill in a more detailed questionnaire or discuss the results with us. Please provide your contact details so that we may contact you later. Please also note on the form if you would like to be kept informed about the study and its results by ticking the appropriate box. In any case, the survey will be analysed anonymously.

Should you have any further questions, please do not hesitate to contact us. [\*\* contact details\*\*]

In order to have a shared understanding of our topic we hereby present our definition of intimate partner violence: An intimate partnership can be any type of couple, homo- or heterosexual, married, cohabiting or just dating. It is not necessary that the relationship is still ongoing. Violence by ex-partners is included (if happening or still happening after the woman turned 60). We define violence as a non-legitimate forceful tactic, intentionally employed to cause



physical and/or psychological harm. It includes the use of physical force and infliction of injuries as well as emotional and sexual abuse, sexual harassment, financial exploitation and intentional neglect (if the victim depends on care and support by the partner or former partner).

We look forward to receiving your information and thank you for contributing to the success of this research. Yours faithfully

Date of completion of the questionnaire \_\_\_\_\_

**Attention: In the subsequent questions we ask you for numbers of clients/cases. In the case that you do not have exact numbers, please estimate the numbers. If you have precise numbers please cross out the "about" or "approx." for each relevant section.**

**1.** In the years 2006 to 2009, has your organisation / have you been in contact with cases of older women (aged 60 and above) affected by violence committed by current or former intimate partners? (Please tick all applicable boxes)

- yes, in 2009
- yes, in 2006 to 2008
- no *Please proceed to question 6 on page 3*
- I do not know *Please proceed to question 6 on page 3*

**2.** Among the cases you have been / your organisation has been in contact with, how many older women were affected by intimate partner violence?

*(If you do not have the exact numbers, please estimate the numbers)*

**In 2009:**

in total (about) \_\_\_\_\_ female victims aged 60 and above

**In the years 2006-2008:**

in total (about) \_\_\_\_\_ female victims aged 60 and above

**3. : Victims' age groups**

Among the older victims in the years **2006 to 2008** were....

- Women aged 75 years or above?  
If so, how many? (approx.) \_\_\_\_\_ victims aged 75 years or above
- Women aged 60 to 74 years?  
If so, how many? (approx.) \_\_\_\_\_ victims aged 60 to 74 years

**4. Perpetrators:** Who were the perpetrators in these cases?

*(multiple options are possible, please tick all applicable boxes below)*

	How many victims in 2006-2008?
<input type="checkbox"/> cohabiting partner	(approx.) _____ victims

<input type="checkbox"/> partner not cohabiting (e.g. dating relationships)	(approx.) <input type="text"/> victims
<input type="checkbox"/> former partner	(approx.) <input type="text"/> victims
<input type="checkbox"/> perpetrator is caregiver of the victim	(approx.) <input type="text"/> victims
<input type="checkbox"/> perpetrator receives care from the victim	(approx.) <input type="text"/> victims

**5.** What was the **proportion** of older female victims of intimate partner violence among your clients / the clients of your organisation in the years 2006-2008?)

Among all clients, the proportion of older female victims of intimate partner violence was (about)  **percent**

Among all female clients with experiences of intimate partner violence, the proportion of older female victims of intimate partner violence was (about)  **percent**

**6.** Below are a number of **statements on the topic of intimate partner violence against older women**. Please indicate to what extent you agree or disagree with these statements.

	<i>strongly agree</i>						<i>strongly disagree</i>
Older women become victims of intimate partner violence less often than younger women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In older couples, women are more often perpetrators of IPV than in younger couples.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The number of older female victims of intimate partner violence will grow in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimate partner violence against older women is a topic no one really wants to deal with up to now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Older female victims of intimate partner violence need other types of support and assistance than younger women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Women in all stages of life are threatened by intimate partner violence – women in later life are not exempted from this.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The importance of the problem of intimate partner violence against older women is underestimated up to now.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intimate partner violence against older women should be of higher importance in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

professional training for psycho-social and medical professions.

Older female victims of intimate partner violence need more support than is provided up to now. <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub>

Only a few older women become victims of intimate partner violence. <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub>

Older female victims of intimate partner violence face particular difficulties in the breaking-up of a long-term abusive relationship. <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub>

Younger female victims of intimate partner violence more often permanently separate from their abusers than older women do. <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub>

Intimate partner violence against older women often occurs in the context of dependency of care. <sub>1</sub> <sub>2</sub> <sub>3</sub> <sub>4</sub> <sub>5</sub> <sub>6</sub>

**7.** Please estimate to what extent young and older women who become victims of intimate partner violence **press criminal charges and seek help** in [your country].

According to my estimate, **out of 100 women aged 20 to 40** who become victims of intimate partner violence, ....

press criminal charges  
 seek medical help  
 seek psycho-social assistance  
 seek help by the clergy  
 seek other help, namely:  
 (please specify)

According to my estimate **out of 100 women aged 60 and above** who become victims of intimate partner violence, ....

press criminal charges  
 seek medical help  
 seek psycho-social assistance  
 seek help by the clergy  
 seek other help, namely:  
 (please specify)

**8.** How would you describe your **organisation?** (please choose *only one term which best fits your organisation*)

- battered women’s shelter
- counselling service for female victims of violence
- [\*\* Beratungs- und Interventionsstelle, Gewaltschutzzentrum / Interventionsstelle (nach Gewaltschutzgesetz) \*\*]
- counselling service for victims of violence (face to face)
- telephone helpline for victims of violence
- telephone helpline concerning elder abuse and neglect
- counselling service for the issue of elder abuse and neglect
- counselling service for issues of caregiving
- crisis intervention center
- ombudsman for older people
- professional care institution
- counselling service for women (not limited to topics of violence)
- psycho-social counselling service (issues: partnership, crises) – face to face and telephone
- counselling service for older people
- police
- public prosecutor’s office
- criminal court
- clergy/religious community (spiritual/reg’ligious support)
- community based social assistance/social services
- social emergency helplines
- health care service (medical and social professions)
  - Primary care centers
  - hospitals
  - I am a general practitioner
  - I am a specialist, namely \_\_\_\_\_ (please specify)
  - social service in health care institution
- NGO or not for profit organisation for older people  
\_\_\_\_\_ (please specify)
- Other, namely: \_\_\_\_\_ (please specify)

**Thanks a lot**  
for taking the time to fill in the questionnaire. We really appreciate your contribution to gathering relevant information on the topic of intimate partner violence against older women.

**9.** Are you interested in further **information on our research project** and in the **results of the survey**?

no  yes If yes, please provide your email address \_\_\_\_\_

**10.** Are you willing to fill in a more detailed version of the questionnaire?

no  yes If yes, please provide your email address \_\_\_\_\_

**11.** Are you willing to take part in an **interview on the issue**?

no  yes If yes, please provide your name, email-address and telephone number

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12.** Are you interested in being involved in the discussion of recommendations for future work with older women as victims of intimate partner violence on a national level? Possible contributions are to give written comments on a draft of recommendations.

no  yes If yes, please provide your email address \_\_\_\_\_

If there is anything else you would like to tell us, please do so below.

\_\_\_\_\_

**Please send the completed questionnaire in the envelope enclosed to:**

**Address**

## Appendix 3 Victims' interview guidelines

### Interview guideline for victims of IPV

#### **Introduction:**

First of all, thanks a lot for agreeing to give an interview. I really appreciate that you give your time and are ready to share your experience with me.

#### **Information on research project:**

[Depending on the information given before] I would like to give you some information on the background of this interview. This interview is part of a research project, which we carry out together with colleagues from 5 other European countries and our study is funded by the European Union. We know from other studies, that a lot of women experience serious conflicts in their partnerships and even violence by their own partners. [For Germany we know that one in four women has experienced some kind of violence by a partner or husband after age 16]. So we know that living in a partnerships may become difficult, agonizing and dangerous for a woman. But we know only little about experiences and perceptions of women older than 60 years. This is what we are interested in our study. Our aim is to learn from you, to better understand what might happen to older women and what support they seek and what kind of support they might need. We hope that our results will help others to better support older women in the future. And we want to give women, who experience serious conflicts and violence, a voice.

Let me give you some information on the interview. This interview will be tape-recorded and transcribed in order to be able to analyze in depth what you told us. All the information will be used for research purposes only. We can assure that everything you tell us will be treated confidentially – no one will know your name, the name of the city you live in and we will change every recognizable detail. After analysis, the tape will be destroyed. The interview will last between 1- 2 hours, but whenever you want to have a break just tell me. If you want to talk longer, this will also be possible. You can stop or interrupt tape-recording or the interview altogether at any point if you feel uncomfortable with the situation and you can certainly decide to not answer specific questions.

We have prepared an *informed consent form*. You find in it the information I just gave you. Your signature means that you understand this and agree to be interviewed.

Thank you very much for your help.

#### **(A) Life History**

Open introductory question

Please can you tell me a little bit about yourself?

Impulse/Trigger for narration on relationship

Could you please tell me about your marriage/partnership? How did you meet and how has your marriage/partnership been/developed?

Themes to cover:

- Partner (description)
- Atmosphere
- Kind/Type of relationship
- Gender roles within marriage/ partnership (changes and shifts)
- Power distribution (changes and shifts)
- Events and experiences
- Changes, constant elements
- Continuation of relationship, divorce, separations (and reasons)
- Significant figures
- Children
- Extended family
- Conflicts, resolution of conflicts

**(B1) Experiencing Violence**

You mentioned that you experienced violence by your partner. Can you recall the first violent event? May I ask you what happened?<sup>59</sup>

Where did it happen? When did it happen? Was anyone else present? Who?

What happened in the following years?

*If the woman experienced violence more than once:*

patterns of violence – violence in everyday life: Was this a typical situation?

*If no:*

Could you please describe a situation of violence which was/is typical for your experiences? Are/Were there any patterns in respect to the violent acts of your (former) partner and his reactions afterwards?

Themes to be covered:

- triggers for violent acts (conflict may be one), escalation to violence
- (cover process of becoming violent & how/whether episodes

---

<sup>59</sup> In general, we should motivate our interviewees to talk about their experiences and we should try our best to avoid a question-answer-interview. That is, to ask open questions (like: please tell me what happened) and if the narration is not very detailed try once more to get more details (like: could you please tell me more about it; or pick up an information you got in the first narration: tell me more about xy or: what happened next....). The interviewees should generate the categories.



escalated over time): Tell me how does it start and how does it get worse?

Where, when, who else was present (if anyone/was anyone else...),  
Form/type of violence (physical attacks, threats/menaces, coercion into ..., rape): What exactly happened to you?

duration and frequency of acts: How often did you experience violent behaviour by your partner? How long did this last?

*If violence occurred with children in the household:* What was the place of the children in these violent events?

what happened after violent events:

Own behaviour after these events: What did you do after such an event?

immediate consequences of violence (nature and severity of injuries; referral to a doctor, or to a hospital): Did you have any injuries? *If yes*, what injuries? What did you do?

long term outcome of violence: What do you think did this experience of violence to you?

reaction and behaviour of partner after violent events: How did your partner react after violent episodes? What did he do?

explanations/rationale of the partner as regards violent acts: How did your partner explain his behaviour?

Perceived causalities: What are your views on why this happened /happens?

last violent event: Please tell me what happened when you were offended the last time. Please describe the situation/circumstances as detailed as possible.

most violent event: May I ask you about the most violent event you experienced?

## **(B2) Changes in violence in old age**

*Only for women who experience long term abuse – not for women who experience abuse in old age for the first time!*

Changes in relationship over the years: What do you think about yourself & your partner and how your relationship has changed during/over the years?

Changes in violence over the years: Did aggressions and violence by your partner change over the years? If yes, what has changed?

Age-specific aspects of changes: If there are changes: What has your age and the age of your partner to do with these changes?

Dealing with violence: How do you handle violence now as opposed to when you were younger?

Continuity vs discontinuity of living together: What is to gain/lose from leaving now?

**(C) Help, Needs, Rights**

Reactions by persons in contact with the victim: Was there anybody who witnessed or guessed what happened to you? If yes, how did they react? Explore the role of family, friends, neighbours, professionals (Social support; special focus: law enforcement)

Adult children's view of violence

Do you think more people could have known? Why?

Changes over time

Helpseeking behaviour: Did you tell other people/anyone else about your experience? If yes: When did you seek help for the first time? Whom did you tell about your experiences? Where did you seek help?

organisations, professionals (esp. police), children, neighbours, friends

reactions of friends, neighbours, children,

reactions of the partner: How did your (former) partner react when you sought help? Did he know that you had asked for help?

Changes over time

In-depth exploration: *if women has experiences with institutions*: You said that you turned to [xxx] organisation/professional for support. What were your experiences (ask for each type of organisation/profession mentioned before)

Changes over time – if women sought help over long periods of time

What were your expectations

duration and frequencies of contact; when several contacts: more than one contact person/person in charge?

Measures set by the organisation(s) /what kind of support/ how long did the support last for

Behaviour of the staff towards you/the interviewee

Effectiveness of the interventions / consequences

Feeling of safety afterwards / fear of further assaults

If you experienced a similar situation again, what organisation/whom would you contact? And why?

To which organisations wouldn't you turn again? And why not?

Other support: Was there anybody (else) who was supportive to you? *If yes*: Who? How?

Coping: How did you cope with this situation/your experiences? What was helpful for you to be able to cope with this experience?

Reasons for not seeking special help: There are several other organisations and persons who might be helpful in such a situation (give some examples which haven't been mentioned before, e.g. doctors, women's shelters). Did you consider contacting them? Why didn't you seek their help?

Barriers for help-seeking: Please can you tell me a little about why you did not seek help at all?

What kind of support would you have needed/liked which was not available? (why not available?)

For long term experiences of violence: How do your needs change in old age?

Legacy: Is there any message that you would like to pass on to other women, who find themselves in your situation? What could others learn from your experience? (What is your legacy? What message would you like to leave for the future?)

Feedback Interview: Is there anything that you would like to say about this interview?

Thank you very much for this interview!

**Appendix 4 Short interview form - staff**

Interview code: \_\_\_\_\_

**Short Interviewee Form (SIF)**  
**DAPHNE III project "Intimate partner violence against older women"**  
**(IPVoW)**  
**Interviews with practitioners**

**1. Interviewee's sex:**     Female     Male

**2. What is your age?**            \_\_\_\_\_ Years

**3. What is your professional education / your professional background?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. Some questions on your current job:**

**What institution / organization do you work for?**

\_\_\_\_\_

**Could you please give me some more information on your institution and the work that is done here?**

\_\_\_\_\_

**What's your job title?**

\_\_\_\_\_

**What does your work involve? What do you do? (roles and responsibilities)**

\_\_\_\_\_

**Optional - when still open:**

**To what extent / in how far is your current job related to topics of intimate partner violence?**

\_\_\_\_\_

**To what extent / in how far is your current job related to topics of ageing / older people?**

\_\_\_\_\_

**Are you currently working full time?**  Yes  No

**How many hours do you work in a typical week?**

\_\_\_\_\_

***5. Some questions on your professional experience***

**How long have you been working for this institution?**

\_\_\_\_\_

**Did your tasks here change over time? If yes, how?**

\_\_\_\_\_

**Where have you been working before?**

\_\_\_\_\_

***Where applicable:***

**How many years of experience do you have working in the field of intimate partner violence?**

\_\_\_\_\_

**How many years of experience do you have working in the field of ageing / older people?**

\_\_\_\_\_

## Appendix 5 Staff interviews guidelines

### Introduction

First of all, thanks a lot that you and your organisation participated in our survey and already contributed valuable information on your experience with IPV against older women. In this interview, I would like to talk about this topic in some more detail. I want to learn more about your experience with cases of intimate partner violence in old age and your views about this topic. It would help the interview and our subsequent analyses very much if you agreed to have it tape-recorded. Of course, we will keep everything you say confidential. In all published results from our study, names of persons, organizations etc. will be deleted and descriptions of very specific cases will be modified in order not to be recognizable. You decide what you are going to tell me, and if you want me to interrupt the tape recording at any point, please feel absolutely free to tell me.

### Personal and institutional background

I would like to start with some questions about your professional and institutional background. This will give us some context in which we can place your future answers.

***The idea is to ask the questions in this section and simultaneously fill in the form (SIF); therefore you find the same questions in the interview guide and in the SIF.***

- What is your age?
- What is your professional education,
- What is your professional background?
- What institution / organisation do you currently work for?

#### ***If necessary:***

- Could you please give me some more information about your institution and the work that is done here?
- What's your job title?
- What does your work involve? What do you do? (roles and responsibilities)

#### ***If necessary:***

- To what extent is your current job related to topics of intimate partner violence?
- To what extent is your current job related to topics of ageing / older people?

#### ***If applicable:***

- Are you currently working full time?

- How many hours do you work in a typical week?
- How long have you been working for this institution?
- Did your tasks here change over time? How?
- Where were you working before?

***If applicable:***

- How many years of experience do you have working in the field of intimate partner violence?
- How many years of experience do you have working in the field ageing / older people?

**Open introductory questions**

- When you hear the term Intimate partner violence against older women what are your first associations with this topic?
- What are your and your institution's experiences with this topic?

**In-depth exploration of cases of IPV against older women**

- ***In case that we know the numbers from the questionnaire – refer to the information already given.***

In the survey you mentioned, that you were in contact with xxx cases of intimate partner violence against older women in the years 2006 to 2009.

- ***In case we do not know the numbers:***

Looking back at the years 2006 to 2009: With about how many cases of IPV against women aged 60 and above have you been in contact?

- How was it in the years before 2006?
- ***In case that it is not clear, whether this is a high or low number:***
- Do you think this is a high or low number?
- How would you explain this number of cases?

**In case that the interviewee only has little case knowledge (1-3 cases): only explore the cases, no general questions.**

- Can you tell me about the kinds of cases of intimate partner violence against older women you have been dealing with?

***Possible probing questions:***

- What happened to these older women?

***Among defining characteristics may be Type of violence; onset, duration and frequency of violent acts; characteristics of perpetrators and of victim-perpetrator relationships, causes, motives, and triggers of IPV; escalation dynamics; high risk cases; health and***

***psychosocial consequences, etc. But again: generally let interviewees generate categories.***

- Who were these older women? What characterized them?

***Among defining characteristics may be age, social and immigration status, health status, need for care/support etc. But generally let interviewees generate categories.***

- What do you know about reactions of the social and professional environment – like general practitioners, for example – to these older women becoming victims of IPV?
- How do older female victims of IPV cope with their experiences of violence?
- Could you please describe in detail the case you have worked with most recently?

***Let interviewee describe case and where necessary add probing questions to gain information on victim characteristics and victim's living conditions; perpetrator characteristics; victim-perpetrator relationship; types of violence; onset, frequency and duration of violence; causes, motives, and triggers of IPV; escalation dynamics, health and psychosocial consequences; victim's help seeking behaviour (and history of seeking help); reactions of family, friends and professionals; conditions and mode of getting into contact with interviewee / interviewee's institution; interviewee's / interviewee's institution's way of working with victim, of handling and managing this case; cooperation with other institutions; further case history and case outcome.***

**There might be good reasons not to explore the most recent case in detail, but instead**

- ***a very interesting case from the point of view of the interviewer and interviewee (because age-specific patterns seem obvious, because the case was in some way very special – e.g. concerning help-seeking behaviour or other characteristics)***
- ***a case the interviewee was very much involved in and therefore has a lot of case knowledge***
- ***a case the interviewee remembers very clearly***  
***it is important to make the reasons clear, why a special case was explored; we should use the following two questions to make sure that we do not explore extraordinary cases only.]***
- *How do other cases of IPV against older women with whom you have been in touch differ from the case we just spoke about?*



- *Could you please describe one of these other cases?*

**Let interviewee describe case and where necessary add probing questions to gain information on victim characteristics and victim's living conditions; perpetrator characteristics; victim-perpetrator relationship; types of violence; onset, frequency and duration of violence; causes, motives, and triggers of IPV; escalation dynamics, health and psychosocial consequences; victim's help seeking behaviour (and history of seeking help); reactions of family, friends and professionals; conditions and mode of getting into contact with interviewee / interviewee's institution; interviewee's / interviewee's institution's way of working with victim, of handling and managing this case; cooperation with other institutions; further case history and case outcome.**

#### **Working with cases of IPV against older women**

A special focus of our study is about how older women who are victims of violence get into contact with specific institutions and how professionals work with this group of clients.

- Let me first ask: How do you typically get notice of cases of IPV against older women?

#### ***For this and the following questions in section 5:***

- ***Interviews aim at contrasting this specific field of working with older female victims of IPV with professional experience in other fields.***
- ***If possible, younger female victims of IPV should be used as reference / contrast group.***
- ***However, for some institutions (e.g. counselling services for the elderly) this will not be possible.***

***The general direction of questions may be: "To what extent is this specific for this group? How does it differ from other clients [from younger women becoming victims of IPV?"***

#### ***Possible probing questions:***

- How do older female victims of IPV get in touch with your institution?
- How do you think older victims of IPV search for help before they turn to your institution?
- What kinds of support do older female victims of IPV seek?
- ***In case that victims turn themselves to the institution:***

Why do victims refer themselves to your organisation?

#### ***Possible probing question:***

- What kind of support and assistance does your institution offer specifically for older female victims of IPV?
- How do you work with these women?
- How do you cooperate with other institutions in cases of IPV against older women? If so, which ?

***Possible probing questions:***

- What other institutions are involved in your cases of IPV against older women?
- How do you cooperate with other institutions in these cases?
- What works well in this cooperation, what could be improved?
- What institutions are missing from cooperation?
- To what extent does your institution report cases of IPV against older women to law enforcement?
- How would you describe your cooperation with institutions of law enforcement/criminal justice in cases of IPV against older women?
- How do older female victims of IPV respond to your support and services?
- How do cases of IPV against older women develop after you have started your casework?
- How far did your intervention contribute to this development?
- How satisfied are you with your work in cases of IPV against older women?

***Possible probing question:***

- What specific problems and challenges are connected with these cases?
- What could be improved?

**Outreach and “elder preparedness”**

In general, law enforcement and criminal justice know about only few cases of IPV against older women. This is true also for most battered women’s shelters and victims support institutions.

- What can be done to improve outreach to these victims?
- What specific needs may older female victims of IPV have?
- To what extent is your institution adequately prepared to work with these victims?
- How could you improve your work in this respect?
- Do you know of any plans in your institution or municipality to address this issue beyond existing services and approaches?
- What framework would you need to improve your services for these victims?
- What framework is needed to improve services for these victims in general?

**Subjective perception and understanding of violence*****I would now like to ask you, what working with older victim of IPV means to you.***

- What does it trigger in you to work with older women having experienced IPV?
- Is there anything special you can learn from these older clients? If yes, what would that be?
- Could you please share with me your understanding of violence?

**Final open question**

- We have spoken about different aspects connected to IPV in old age. Is there anything, which is important from your point of view that we failed to ask and you would like to mention?
- ***If more interviewees are needed:*** Do you have any ideas about who would be a good interview partner on this issue?
- Now I would like to give you the opportunity to give us any feedback about this interview.
- Finally I would like to ask you a favor: We are looking for older victims of IPV willing to give us an interview on their experiences. Do you know any women who would be willing to talk to us?

Thank you very much!

Co-financed by the European Commission  
within the Daphne III programme  
by DG Justice, Freedom and Security

